

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90041 043 ****61.25

DOCUMENT # N97000000001

1. Entity Name

YESTERDAY, TODAY, AND TOMORROW FAMILY CLUB INC.

Principal Place of Business

**890 NW 213
 SUITE 105
 MIAMI FL 33169**

Mailing Address

**1340 NW 135TH ST
 MIAMI FL 33167-1703
 US**

2. Principal Place of Business

3. Mailing Address

890 n.w. 213 ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

105

City & State

**City & State
 Miami, Fl.**

4. FEI Number

65-0728790

Applied For

Not Applicable

Zip

Country

Zip

Country

33169

Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEYMOUR, WILLIAM
 1340 NW 135TH STREET
 MIAMI FL 33167-1703**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **SEYMOUR, WILLIAM**
 STREET ADDRESS **1340 NW 135TH ST**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **JONES, LINDA**
 STREET ADDRESS **1340 NW 135TH ST.**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **SEYMOUR, WILLIAM**
 STREET ADDRESS **1340 NW 135TH ST.**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **SEYMOUR, JOYCELYN**
 STREET ADDRESS **1340 NW 135TH STREET**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☒ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **Joycelyn E. Seymour**
 CITY-ST-ZIP **1340 n.w. 135 st
 Miami, Fl. 33167**

TITLE **T** ☐ Delete
 NAME **WOOTEN, MARSHA**
 STREET ADDRESS **1340 NW 135TH ST**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **FANNETTE MCPHEE**
 STREET ADDRESS **1340 NW 135TH ST**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

Daytime Phone #

CR2E037 (10/00)