

# 2002 UNIFORM BUSINESS REPORT (UBR)

0018556

DOCUMENT # N97000001275

1. Entity Name

YOUNG EAGLES INC.

FILED

02 DEC 30 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1201 NORTHWEST 111 STREET  
ALLEN CHAPEL AVE CH  
MIAMI FL 33167

Mailing Address

18015 NW 25TH COURT  
MIAMI FL 33056

2. Principal Place of Business

150 NE 19 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

65-0742005

Applied For

Not Applicable

Zip

Country

33132

Zip

Country

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

SILAS, JOS B REV  
18015 NW 25TH COURT  
MIAMI FL 33056

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	<input type="checkbox"/> Delete
NAME	SILAS, J B	
STREET ADDRESS	18015 NW 25TH COURT	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, LUCIUS	
STREET ADDRESS	1330 NW 189TH TERR	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, SYLVIA	
STREET ADDRESS	346 NW 43RD ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, MARIE P	
STREET ADDRESS	2914 NW 49TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MALIK, MATEEN MR	
STREET ADDRESS	17031 NORTHWEST 49TH STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, ANDY	
STREET ADDRESS	1614 NW 189TH TERR	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200009529192	
STREET ADDRESS	12/17/02--01003--002 *\$245.00	
CITY-ST-ZIP	DIRECTOR	
TITLE	NICOLE M. SILAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	18015 NW 25TH	
STREET ADDRESS	OPR LOCKA, FL 33056	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD	
STREET ADDRESS	JAMES D. MILLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	346 NW 43 ST	
TITLE	MIAMI, FL 33127	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Joseph B. Silas 12-11-02 (305) 625-5087

CF2E037 (9/01)