

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90012 020 \*\*\*\*61.25

**DOCUMENT # N98000006882**

1. Entity Name

**YOUTH IN ACTION OUTREACH PROGRAM, INC.**

Principal Place of Business

13580 SW 252 STREET  
 PRINCETON 33032  
 US

Mailing Address

C/O MANUEL CRUZ  
 19655 SW 87TH PLACE  
 MIAMI FL 33157

2. Principal Place of Business

**same**

Suite, Apt. #, etc.

3. Mailing Address

**same**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0880071**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent **Same**

**CRUZ, MANUEL**  
**19655 S.W. 87TH PLACE**  
**MIAMI FL 33157**

7. Name and Address of New Registered Agent

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.

Void #8

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

TITLE **D** ☐ Delete  
 NAME **CRUZ, MANUEL**  
 STREET ADDRESS **19655 S.W. 87TH PLACE**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ Delete  
 NAME **PASCUAL, JULIA**  
 STREET ADDRESS **14521 SW 293RD TERR**  
 CITY-ST-ZIP **LEISURE CITY FL 33030**

TITLE **D** ☐ Delete  
 NAME **ROMAN, DAVID**  
 STREET ADDRESS **650 SW 88TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE **D** ☐ Delete  
 NAME **PASCUAL, CARLOS**  
 STREET ADDRESS **14521 SW 293RD TERR**  
 CITY-ST-ZIP **LEISURE CITY FL 33030**

TITLE **SD** ☐ Delete  
 NAME **OVIDE, LOURDES**  
 STREET ADDRESS **14275 S.W. 92ND ST.**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TD** ☐ Delete  
 NAME **CRUZ, MARIA**  
 STREET ADDRESS **19655 S.W. 87TH PLACE**  
 CITY-ST-ZIP **MIAMI FL 33157**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Michelle M. Cruz**  
 STREET ADDRESS **19655 SW 87th Place**  
 CITY-ST-ZIP **Miami, Fl 33157**

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

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

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

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 another like empowered.

**SIGNATURE:**

**Manuel Cruz**

**Manuel Cruz**

**3/4/02**

**305-255-2356**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)