

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90115 004 ****61.25

003 ***11

DOCUMENT # N98000006998

1. Entity Name

COMMUNITY YOUTH IN ACTION, INC.

Principal Place of Business

Mailing Address

**137 NW 15TH CT.
POMPANO BCH FL 33060****137 NW 15TH CT.
POMPANO BCH FL 33060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0960362

Applied For

Not Applicable

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

**FRANCES, CARTER
137 NW 15TH CT.
POMPANO BCH FL 33060**

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	T	<input type="checkbox"/> Delete
NAME	CARTER, FRANCES	
STREET ADDRESS	137 N.W. 15 CT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE	T	<input type="checkbox"/> Delete
NAME	DERICO, MARTIN JR.	
STREET ADDRESS	1740 S.W. 40TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317	

TITLE	T	<input type="checkbox"/> Delete
NAME	ATKINS, BARBARA	
STREET ADDRESS	3031 N.W. 6 CT	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>New Address</i>	
STREET ADDRESS	<i>Derico, Martin Jr.</i>	
CITY-ST-ZIP	<i>6610 S.W. 18th St.</i>	
	<i>Pompano Beach, FL 33068</i>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Frances Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

(954) 946-0640

Daytime Phone #

CR2E037 (10/00)