

# 03 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # NA9000001262

1. Entity Name

YOUNG MOTHERS ASSISTANCE, INC.



03 JUN 13 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600020821826  
06/13/03--01049--008 \*\*61.25

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

205 Edmor Rd

3. Mailing Address

205 Edmor Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

650897841

Applied For

Not Applicable

Zip  
33405

Country  
USA

Zip  
33405

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Andrea Ferrari

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

205 Edmor Rd

City

West Palm Beach

FL

Zip Code

33405

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cludia Ferrar President/director 6/9/2003

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered agent signature required when re-registering)

DATE

**FEES \$61.25**  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE Director D/P  
NAME Andrea Ferrari  
STREET ADDRESS 205 Edmor Rd  
CITY-ST-ZIP West Palm Beach, FL 33405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/V  
NAME Tanya E. Greiner  
STREET ADDRESS 65 S.E. Spanish Trail # 103  
CITY-ST-ZIP Boca Raton, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Sara Gomez  
STREET ADDRESS 262 Worth Ct. S  
CITY-ST-ZIP West Palm Beach, FL 33405

TITLE  
NAME  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cludia Ferrar President

6/9/2003

Date

Daytime Phone #

(561) 541-3286

CR2E037B (12/02)

7/6/13