

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002898

1. Entity Name

THE NORTH DADE YOUTH FOUNDATION, INC.

**FILED**  
Jun 06, 2000 8:00 am  
Secretary of State

06-06-2000 90478 021 \*\*\*\*70.00

00058020

Principal Place of Business

19455 NW 12 AVE  
MIAMI, FL 33169

Mailing Address

P.O. BOX 3511  
NORLAND BRANCH  
MIAMI, FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

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

~~OZIE HINSON~~  
3831 NW 196 ST.  
MIAMI, FL 33055

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 ☐ Delete  
NAME **DIP**  
STREET ADDRESS **RALPH JORDAN SR.**  
CITY-ST-ZIP **1081 NE 82 TERR MIAMI SHORE, FL 33138**

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

TITLE ☐ Delete  
NAME **VP/D**  
STREET ADDRESS **OZIE HINSON**  
CITY-ST-ZIP **3831 NW 196 ST. MIAMI, FL 33055**

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

TITLE ☐ Delete  
NAME **T/D**  
STREET ADDRESS **CARL KING CADE**  
CITY-ST-ZIP **19800 NW 5 AVE MIAMI, FL 33169**

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

TITLE ☐ Delete  
NAME **S/D**  
STREET ADDRESS **ARTIST WEST**  
CITY-ST-ZIP **18900 NW 11 COURT MIAMI, FL 33169**

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

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **WILL DAVIS JR.**  
CITY-ST-ZIP **19820 NW 12 AVE NORTH DADE, FL 33169**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **DURHAM, JIMMIE**  
CITY-ST-ZIP **1421 NW 190 STREET MIAMI, FL 33169**

TITLE ☐ Delete  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-3-2000 (305) 3350713

CR2E037 (9/99)