

2000 UNIFORM BUSINESS REPORT (UBR)

6/6/

FILED
Aug 08, 2000 8:00 am
Secretary of State

06-22-2000 90105 004 ****61.25

DOCUMENT # N 9900000 3994

1. Entity Name

Teens Today (Not for Profit)

Principal Place of Business

Mailing Address

5509 NW 7th Ave Same
 Miami, FL 33127

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

65-0932157

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Betty Jones	5509 NW 7th Ave	Miami, FL 33127	☒
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Karen Jones	2123 Renaissance Blvd #207	Miramar, FL 33127	☒
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Natalie Jones	6195 NW 78th St #418	Miami, FL 33055	☒
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Betty Jones SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-00

Date

Daytime Phone #