

2001 UNIFORM BUSINESS REPORT (UBR)

5/7/1

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-07-2001 90061 032 ****70.00

DOCUMENT # N99000004422

1. Entity Name

YES! WE CAN, INC.

Principal Place of Business

POST OFFICE BOX 1697
 BOCA RATON FL 33429

Mailing Address

POST OFFICE BOX 1697
 BOCA RATON FL 33429

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0962806

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AUSTIN, DELILAH
 1631 N.W. 24TH TERRACE
 FORT LAUDERDALE FL**

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	D	<input type="checkbox"/> Delete
NAME	DELANCY, MARSHA	
STREET ADDRESS	2390 N.W. 34TH ROAD	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, CONSTANTINA	
STREET ADDRESS	3374 N.W. 33RD AVENUE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, DONNA M	
STREET ADDRESS	201 W. PALMETTO PARK ROAD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHISMAN, BETSY	
STREET ADDRESS	800 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, DORIS	
STREET ADDRESS	800 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNA, CYNTHIA	
STREET ADDRESS	4848 N.W. 8TH COURT	
CITY-ST-ZIP	PLANTATION FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary / Executive Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delilah AUSTIN	
STREET ADDRESS	P.O. BOX 1697	
CITY-ST-ZIP	Boca Raton, FL 33429	
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01 561266-9234

Date

Daytime Phone #

CR2E037 (10/00)

Form **872-C**

(Rev. April 1996).

Department of the Treasury
Internal Revenue Service**Consent Fixing Period of Limitation Upon
Assessment of Tax Under Section 4940 of the
Internal Revenue Code**

(See instructions on reverse side.)

OMB No. 1545-0056

To be used with
Form 1023. Submit
in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

YES! WE CAN, INC.

(Exact legal name of organization as shown in organizing document)

PO BOX 1697Boca Raton, FL 33429

(Number, street, city or town, state, and ZIP code)

and the
District Director of
Internal Revenue, or
Assistant
Commissioner
(Employee Plans and
Exempt Organizations)

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year 6/30/2000

(Month, day, and year)

Name of organization (as shown in organizing document)

YES! WE CAN, INC.

Date

Nov 8, 1999

Officer or trustee having authority to sign

Signature

Deborah Austin

Title

Secretary

For IRS use only

District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)

Steven T. Miller Director, Exempt Organization

Date

DEC 29 1999

By

John W. Winterskamm

Group Manager