

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/5

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90085 031 \*\*\*150.00

**DOCUMENT # P00000015415**

1. Entity Name  
**YOUNG CHILDREN IN ACTION II, INC.**

Principal Place of Business      Mailing Address  
**5915 WEST 25TH COURT**      **5915 WEST 25TH COURT**  
**#101**      **#101**  
**HIALEAH FL 33016**      **HIALEAH FL 33016**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**4504 W 12 AVE**      **4504 W 12 AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**HIALEAH**      **HIALEAH**  
 City & State      City & State

Zip      Country      Zip      Country  
**33012**      **DADE**      **33012**      **DADE**

4. FEI Number      Applied For  
**65-0982711**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**GARRASTACHO, RAQUEL**  
**5915 WEST 25TH COURT**  
**#101**  
**HIALEAH FL 33016**

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: *Raquela Garrastacho*      DATE: **2/2/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>D</b>	
NAME	<b>GARRASTACHO, RAQUEL</b>	
STREET ADDRESS	<b>5915 WEST 25TH COURT</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>D</b>	
NAME	<b>PINO, TAINA</b>	
STREET ADDRESS	<b>5915 WEST 25TH COURT</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
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			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: *Raquela Garrastacho*      DATE: **2/2/01**      DAYTIME PHONE: **825-3100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)