

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019010

1. Entity Name

YOUTHLAND ACADEMY OF DELRAY BEACH, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90122 037 ***150.00

957413



DO NOT WRITE IN THIS SPACE

Principal Place of Business

675 AUBURN AVE
DELRAY BCH FL 33344
US

Mailing Address

~~675 AUBURN AVE~~ 1770 NE 4 AVE.
~~DELRAY BCH FL 33344~~ BOYNTON BEACH, FL
US 33435

2. Principal Place of Business

3. Mailing Address

1770 NE 4 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH, FL

Zip

Country

Zip

Country

33435

4. FEI Number 65-0581765

Applied For

Not Applicable

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

LAINO, SALVATOIRE
675 AUBURN AVE
DELRAY BEACH FL 33344

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHMITT, MARY	
STREET ADDRESS	1290 GEORGE BUSH BLVD	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAINO, SALVATOIRE	
STREET ADDRESS	2386 SW 11TH AVE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

561-278-8485

Daytime Phone #

CR2E034 (10/00)