2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State
06-14-2001 90007 018 ***150.00
08-14-2001 90012 004 ***400.00

DOCUMENT # P99000032699

1. Entity Name
YOUTH POWER, INC.

Principal Place of Business	Mailing Address
3785 NW 82 AVE. STE. 108 MIAMI FL 33166	3785 NW 82 AVE. STE. 108 MIAMI FL 33166

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3785 NW 82 Ave	3785 NW 82 Ave
Suite, Apt. #, etc. Ste 109	Suite, Apt. #, etc. Ste 109
City & State Miami, Fl.	City & State Miami
Zip 33166 Country USA	Zip 33166 Country USA

4. FEI Number 65-1085386 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ARCACCOUNTING, INC.
3785 NW 82 AVE., STE. 108
MIAMI FL 33166

[redacted]
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMIREZ-CAPPELLARO, FRANCISCO O 3785 NW 82 AVE., STE. 108 MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMIREZ-CAPPELLARO, ALICIA 3785 NW 82 AVE., STE. 108 MIAMI FL 33166	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: Francisco O Ramirez Cappellaro 02/06/2001 (305) 592-88..
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #