

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90009 032 ***550.00

DOCUMENT # P99000061393

1. Entity Name

A. YOUNG & ASSOCIATES, P.A.

Principal Place of Business

241 SEVILLA AVE. SUITE 100
CORAL GABLES FL 33134

moved ↓

Mailing Address

241 SEVILLA AVE. SUITE 100
CORAL GABLES FL 33143-5163

moved ↓

2. Principal Place of Business

5901 SW 74 Street, #300

3. Mailing Address

same

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

City & State

Miami, FL 33143

City & State

Zip

33143

Country

USA

Country

4. FEI Number

65-0933856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0072863



6. Name and Address of Current Registered Agent

YOUNG, ANGELICA

~~241 SEVILLA AVE. SUITE 100~~ 5901 SW 74 St, #300
~~CORAL GABLES FL 33134~~ Miami, FL 33143

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

Angelica Young

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

8/1/00

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, 2000 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

TITLE ☐ Delete
NAME President
STREET ADDRESS Angelica Young
CITY-ST-ZIP 5901 SW 74 St, # 300
Miami, FL 33143

TITLE ☐ Delete
NAME Secretary
STREET ADDRESS Angelica Young
CITY-ST-ZIP 5901 SW 74 St, #300
Miami, FL 33143

TITLE ☐ Delete
NAME Treasurer
STREET ADDRESS Angelica Young
CITY-ST-ZIP 5901 SW 74 Street, #300
Miami, FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Angelica Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00

Date

(305) 663-1234

Daytime Phone #

CR2E034 (9/99)