

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061393

1. Entity Name  
A. YOUNG & ASSOCIATES, P.A.

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90288 019 \*\*\*150.00

Principal Place of Business  
5901 SW 74 STREET  
#300  
CORAL GABLES FL 33134

Mailing Address  
5901 SW 74 STREET  
#300  
CORAL GABLES FL 33134

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DO NOT WRITE IN THIS SPACE

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 **65-0933856** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, ANGELICA  
241 SEVILLA AVE. SUITE 100  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
ANGELICA YOUNG  
Street Address (P.O. Box Number is Not Acceptable)  
5901 SW 74 Street, #300  
S. Miami, FL 33143  
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* 4/26/01  
Signature, typed or printed name of registered agent and title, if applicable. (NOT 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**  
**After MAY 1, 2001**  
**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	P	<input type="checkbox"/> Delete
NAME	YOUNG, ANGELICA	
STREET ADDRESS	5901 SW 74 ST #300	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	S	<input type="checkbox"/> Delete
NAME	YOUNG, ANGELICA	
STREET ADDRESS	5901 SW 74 ST #300	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOUNG, ANGELICA	
STREET ADDRESS	5901 SW 74 STREET #300	
CITY-ST-ZIP	MIAMI FL 33143	
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

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
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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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I, as officer or director of the corporation or the receiver or trustee empowered to execute this report, have not changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Angelica Young* 4/26/01 (305) 463-1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)