2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-03-2001 90021 046 ****61.25

DOCUMENT # N00000008325

1. Entity Name
HALLANDALE BEACH YANKEES YOUTH BASEBALL CLUB INC

39715

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19931 NE 21ST COURT NMB FL 33179	19931 NE 21ST COURT NMB FL 33179

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 19931 NE 21st Avenue	Suite, Apt. #, etc.: 19931 NE 21st Avenue
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1065665 ☐ 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
DESPAIGNE, ALBERTO DR. 19931 NE 21ST COURT NMB FL 33179	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 _____ DATE 2/25/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DESPAIGNE, ALBERTO 19931 NE 21ST COURT NMB FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 19931 NE 21st Avenue
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DESPAIGNE, ADRIANA 19931 NE 21ST COURT NMB FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 19931 NE 21st Avenue
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD AMBROSS, SERGIO 4221 S.W. 39TH ST. HOLLYWOOD FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Alberto Despaigne 2-25-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #