

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91844 020 ****61.25

DOCUMENT # N00000008325

1. Entity Name
HALLANDALE BEACH YANKEES YOUTH BASEBALL CLUB INC



Principal Place of Business
19931 NE 21ST AVENUE
NMB FL 33179

Mailing Address
19931 NE 21ST AVENUE
NMB FL 33179

2. Principal Place of Business
4221 SW 39th St
Suite, Apt. #, etc.

3. Mailing Address
4221 SW 39th St
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Hollywood, FL
Zip
33023
Country
Broward

City & State
Hollywood, FL
Zip
33023
Country
Broward

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

DESPAIGNE, ALBERTO DR.
19931 NE 21ST AVENUE
NMB FL 33179

7. Name and Address of New Registered Agent

Name **HEATHER SCOTT**
Street Address (P.O. Box Number is Not Acceptable)

2875 NE 191st St, Suite 500
City **ADVENTURA** **FL** **Zip Code** **33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **DESPAIGNE, ALBERTO**
STREET ADDRESS **19931 NE 21ST AVENUE**
CITY-ST-ZIP **NMB FL 33179**

TITLE **SD** ☒ **Delete**
NAME **DESPAIGNE, ADRIANA**
STREET ADDRESS **19931 NE 21ST AVENUE**
CITY-ST-ZIP **NMB FL 33179**

TITLE **VPD** ☐ **Delete**
NAME **AMBROSS, SERGIO**
STREET ADDRESS **4221 S.W. 39TH ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT/DIRECTOR** ☒ **Change** ☐ **Addition**
NAME **SERGIO AMBROSS**
STREET ADDRESS **4221 SW 39th St, Hollywood, FL 33023**
CITY-ST-ZIP

TITLE **SECRETARY/DIRECTOR** ☐ **Change** ☒ **Addition**
NAME **ELENA AMBROSS**
STREET ADDRESS **4221 SW 39th St, HOLLYWOOD, FL 33023**
CITY-ST-ZIP

TITLE **VICE PRESIDENT/DIRECTOR** ☐ **Change** ☒ **Addition**
NAME **JEFF LEECH**
STREET ADDRESS **2565 NE 200th St, N.M.B., FL 33180**
CITY-ST-ZIP

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

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

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

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: **4-30-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)