

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90152 001 *****8.75
 05-11-2000 90152 002 *****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N00527
 1. Entity Name
DADE COUNTY YOUTH FAIR AND EXPOSITION, INC.

Principal Place of Business 10901 CORAL WAY MIAMI FL 33165-2337	Mailing Address 10901 CORAL WAY MIAMI FL 33165-2337
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **59-1039811** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent FUCHS, E DARWIN 10901 CORAL WAY MIAMI FL 33165	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOTSON, ALBERT 17901 S W 78 AVE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dotson, Albert 17901 S W 78 Ave Miami Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GOODE, R R 7240 S W 146 TERR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Krinzman, Richard 2601 Bayshore Dr Ste 600 Miami Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCE LORIA, DOUGLAS S 10401 S W 139 ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Loria, Douglas S 10401 S W 139 St Miami Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FUCHS, E. DARWIN 6401 SW 102ND STREET MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRIFFITH, JACK 9490 SW 117TH TERRACE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCE Griffith, Jack 9490 S W 117 Ter Miami Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Vanden, Sandra K 7330 S W 52 Ct Miami Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: E. DARWIN FUCHS 04/27/00 305 223-7060
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)

NO0527
13687

MIAMI-DADE COUNTY FAIR & EXPOSITION INC

DIRECTORS:

R RAY GOODE
7240 S W 146 TER
MIAMI FL 33158

IVONNE F ALEXANDER
12811 S W 148 ST RD
MIAMI FL 33186

WALTER B ARNOLD, JR
7421 S W 55 AVE
MIAMI FL 33143

WILLIE L CARPENTER
10985 S W 175 ST
MIAMI FL 33157

ROGER CUEVAS
12353 S W 104 LN
MIAMI FL 33186

DR PAUL GALLAGHER
10968 NASHVILLE DR
COOPER CITY FL 33025

ROBERT MISICK
11410 S W 110 LN
MIAMI FL 33199

MARY E REILLY
5050 N W 3 CT #A
DELRAY BEACH FL 33445

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DELRAY BEACH FL 33445

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