

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90282 015 \*\*\*\*70.00

0028534

**DOCUMENT # N30993**

1. Entity Name

**YOUTH HALL OF FAME INTERNATIONAL, INC.**



Principal Place of Business

**10901 S.W. 24TH STREET  
MIAMI FL 33165  
US**

Mailing Address

**10901 S.W. 24TH STREET  
MIAMI FL 33165  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0217179**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BAUM, JAY  
10901 SW 24 STREET  
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

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

**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LORIA, DOUGLAS</b>	
STREET ADDRESS	<b>10901 S.W. 24TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFITH, JACK</b>	
STREET ADDRESS	<b>10901 S.W. 24TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>VANDEN, SANDRA</b>	
STREET ADDRESS	<b>10901 S.W. 24TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>KRINZMAN, RICHARD</b>	
STREET ADDRESS	<b>10901 S.W. 24TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FUCHS, DARWIN</b>	
STREET ADDRESS	<b>10901 S.W. 24TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>Willie</b>	<input type="checkbox"/> Delete
NAME	<b>10965 SW 175 ST</b>	
STREET ADDRESS	<b>33157</b>	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORIA, DOUGLAS</b>	
STREET ADDRESS	<b>3828 KUMQUAT AVE</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CED</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, WILLIE L</b>	
STREET ADDRESS	<b>10965 S W 175 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	

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:**

**WILLIE L CARPENTER**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)