

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005266

1. Entity Name

MIAMI HIGH FOOTBALL HALL OF FAME, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90011 030 ****61.25

946002



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6042 SW 85 AVE MIAMI FL 33143	6042 SW 85 AVE MIAMI FL 33143-1536

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	Applied For
65-0780216	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

MATTHEWS, CHARLES H
6042 SW 85 AVE
MIAMI FL 33143

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD.	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, LEONARD	
STREET ADDRESS	5831 S.W. 90TH COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILSON, GAIL	
STREET ADDRESS	12559 S.W. 144TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MATTHEWS, CHARLES	
STREET ADDRESS	6042 S.W. 85TH AVENUE	
CITY-ST-ZIP	MIAMI FL 44143	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PAYAN, ROB	
STREET ADDRESS	6605 SW 55 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLEINBERG, HOWARD	
STREET ADDRESS	14520 S.W. 79TH COURT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERO, LARRY	
STREET ADDRESS	13911 S.W. 97TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input 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: CHARLES H. MATTHEWS 4/18/00 305 445-7837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)