

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90003 038 ****61.25

DOCUMENT # 744128

1. Entity Name

MIAMI PALMETTO BAND PATRONS' ASSOCIATION, INC.

Principal Place of Business

**7460 S.W. 118 STREET
 MIAMI FL 33156**

Mailing Address

**13725 SW 83RD CT
 MIAMI FL 33158**

2. Principal Place of Business

3. Mailing Address

13615 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#119-442

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33176

USA

4. FEI Number

59-1846280

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

**GIROUX, THERESA
 13725 SW 83RD CT
 MIAMI FL 33158**

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHULMAN, MICHAEL 13975 SW 73RD CT MIAMI FL 33158	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOLDBERG, PHYLLIS 12351 SW 71ST CT MIAMI FL 33156	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLAIR, EDIE 15825 SW 88TH CT MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACK, JANIS 7878 SW 146TH ST MIAMI FL 33158	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHERSON, MARY 8201 SW 164TH ST MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIROUX, THERESA 13725 SW 83RD CT MIAMI FL 33158	☐ Delete

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

Theresa Giroux Theresa Giroux 4/28/01 3052515537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)