

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

FILED 09-29-2002 90001 023 ****61.25
SECRETARY OF STATE
DIVISION OF CORPORATIONS 744128

02 SEP 30 PM 12:01

DOCUMENT # 744128

1. Entity Name

MIAMI PALMETTO BAND PATRONS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

874129

2. Principal Place of Business

7480 SW 118 Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33156

Country
USA

3. Mailing Address

13615 S. Dixie Hwy.

Suite, Apt. #, etc.

#114-442

City & State
Miami, FL

Zip
33176

Country
USA

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4. FEI Number

59-1846280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Myers, Judy

Street Address (P.O. Box Number is Not Acceptable)
15605 SW 82 Court

City
Miami

FL

Zip Code
33157

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 re-registering)

DATE

FEE IS \$61.25
Initial of Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shulman, Michael 13975 SW 73 Court Miami, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Giroux, Mike 13725 SW 83 Court Miami, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Stone, Audrey 12301 SW 71 Court Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Soven, Sondra 13720 SW 73 Avenue Miami, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mullins, Suzanne 7460 SW 164 Street Miami, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Myers, Judy 15605 SW 82 Court Miami, FL 33157

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DO NOT WRITE
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Judy L. Myers, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/02 (305)969-8141

Date

Daytime Phone #

CR2E037B (12/01)

10/11/02
aw