

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000000818**

1. Entity Name  
 PAUL W. BELL MIDDLE SCHOOL MUSIC BOOSTER ASSOC., INC.

Principal Place of Business 11800 NW 2ND STREET  MIAMI FL 33182	Mailing Address 13377 NW 2ND TERRACE  MIAMI FL 33182
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 13144 S.W. 15 LANE Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33182	Country US	Zip 33184	Country US
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4. FEI Number  
**65-0792133**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEREZ MARIA**  
 13377 NW 2ND TERRACE  
 MIAMI FL 33182 US

7. Name and Address of New Registered Agent

Name  
**RODRIGUEZ CLARA**  
 Street Address (P.O. Box Number is Not Acceptable)  
 13144 S.W. 15 LANE  
 City  
**MIAMI FL** Zip Code  
 33184

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 **CLARA RODRIGUEZ** **01/30/2001**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALONSO VIVIAN 1054 SW 124 CT MIAMI FL 33184 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BIANCO ELIZABETH 15021 SW 150 CT MIAMI FL 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PEREZ MARIA 13377 NW 2 TERR MIAMI FL 33182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VPT RODRIGUEZ CLARA P.O. BOX 522474 MIAMI FL 33152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PT BARRY ELIZABETH 13144 S.W. 15 LANE MIAMI FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CLARA RODRIGUEZ** **VPT** **01/30/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)