

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-23-2002 90090 022 ****61.25

DOCUMENT # N01000005610

1. Entity Name
THE NEW WORLD SCHOOL OF THE ARTS CONNECTION PARENT BOOSTER ORGANIZATION, INC.

Principal Place of Business Mailing Address
C/O JACOBOS AND CARNEY, CPA'S C/O JACOBOS AND CARNEY, CPA'S
6401 SW 87 AVE. SUITE 204 6401 SW 87 AVE. SUITE 204
MIAMI FL 33173 MIAMI FL 33173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number Applied For
65-1115720 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, DEBORAH
C/O JACOBOS AND CARNEY, CPA'S
6401 SW 87 AVE, SUITE 204
MIAMI FL 33173

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: *Deborah Rodriguez* (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUSTERMAN, HOWARD 14521 SW 67 AVE MIAMI FL 33156	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURET, MARISA 14610 SW 99 AVE MIAMI FL 33156	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, ROSEMARY 9347 JAMAICA DR MIAMI FL 33157	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, DEOBROAH 7320 SW 123 TERR MIAMI FL 33156	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Deborah Rodriguez* **4/30/02 305-224-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)