

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90004 014 ****70.00

DOCUMENT # N02000006872

1. Entity Name
BAND PARENT ASSOCIATION, INC.



Principal Place of Business
17203 SW 87TH AVENUE
MIAMI, FL 33157

Mailing Address
17203 SW 87TH AVENUE
MIAMI, FL 33157

54068787

2. Principal Place of Business
5870 SW 86 ST,
Suite, Apt. #, etc.
N/A

3. Mailing Address
5870 SW 86 ST
Suite, Apt. #, etc.
—

08092004 Chg-NP CR2E037 (10/03)



City & State
MIAMI, FLORIDA
Zip 33143 Country USA

City & State
MIAMI, FLORIDA
Zip 33143 Country USA

4. FEI Number
30-0113331
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DUPERLY, KERIS
17203 SW 87TH AVENUE
MIAMI, FL 33157

7. Name and Address of New Registered Agent
Name
PRAHL, CECILIA
Street Address (P.O. Box Number is Not Acceptable)
5870 SW 86 STREET
City
MIAMI FL Zip Code
33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANES, LUISA 9235 S.W. 36 STREET MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARROSO, ANA 9621 S.W. 65TH STREET MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALKANA, KERRY... 5700 S.W. 64TH AVENUE MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUPERLY, KERIS 17203 SW 87TH AVENUE MIAMI, FL 33157	<input checked="" 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	President-D Ana Barroso 9621 SW 65th Street MIAMI, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT-D YANES, LUISA 9235 SW 36th STREET MIAMI, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-D ALKANA, KERRY 5700 SW 64th AVENUE MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER-D PRAHL, CECILIA 5870 SW 86 STREET MIAMI, FL 33143	<input type="checkbox"/> Change <input checked="" 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/13/04 (305) 667-8452