## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: CRISTINA GONZALEZ

City-State-Zip: HOMESTEAD FL 33031

Electronic Signature of Signing Officer/Director Detail

# 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0200006872

Entity Name: BAND PARENT ASSOCIATION, INC.

**Current Principal Place of Business:** 

6750 SW 60 STREET MIAMI, FL 33143

#### **Current Mailing Address:**

P.O. BOX 163206 MIAMI, FL 33116

#### FEI Number: 30-0113331

#### Name and Address of Current Registered Agent:

GONZALEZ, CRISTINA 15741 SW 76 AVENUE PALMETTO BAY, FL 33157 US

Certificate of Status Desired: No

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	CRISTINA GONZALEZ			09/04/2014
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	TREASURER	
Name	GONZALEZ, CRISTINA	Name	SIFONTES, LOIRA	
Address	15741 SW 76 AVENUE	Address	20076 SW 129 AVENUE	
City-State-Zip:	PALMETTO BAY FL 33157	City-State-Zip:	MIAMI FL 33177	
Title	SECRETARY	Title	ASST. SECRETARY	
Name	FRIEDMAN, REBECCA	Name	RAUTON, SILVIA	
Address	6107 SW 49 STREET	Address	1207 MADRID STREET	
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	CORAL GABLES FL 33134	
Title	VICE PRESIDENT			
Name	LANE, CHRIS			
Address	25850 SW 193RD. AVE			

### FILED Sep 04, 2014 Secretary of State CC3446936618

09/04/2014 Date

PRESIDENT