

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722782 (0)

1. Corporation Name

MIAMI LAKES BUSINESS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

15505 BULL RUN ROAD
SUITE 264
MIAMI LAKES FL 33014

15505 BULL RUN ROAD
SUITE 264
MIAMI LAKES FL 33014

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/28/1972

3a. Date of Last Report

04/12/1995

4. FEI Number

59-1735450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TRUJILLO, MYRNA	
STREET ADDRESS	597 W. 49th ST. 7220 NW 36th	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ORFELY, GEORGE	
STREET ADDRESS	6430 MIAMI LAKEWAY SOUTH	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COX, PAUL	
STREET ADDRESS	15494 EAGLE NEST LN, STE 100	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVID, SHARON	
STREET ADDRESS	16725 NW 57 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENNISON, JOHN	
STREET ADDRESS	6710 MAIN ST., SUITE 233	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMOND, JAN	
STREET ADDRESS	16455 NW 67 AVE	
CITY-ST-ZIP	MIAMI LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARLENE NAYLER	
1.3 STREET ADDRESS	15505 Bull Run Rd #264	
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRAVELINE, DAVID	
2.3 STREET ADDRESS	15505 Bull Run Rd #264	
2.4 CITY-ST-ZIP	MIAMI LAKES, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAUL Cox	
3.3 STREET ADDRESS	15494 Eagle Nest Ln, Ste 100	
3.4 CITY-ST-ZIP	MIAMI LAKES, FL	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PLUTKIN, DAVID	
4.3 STREET ADDRESS	15505 Bull Run Rd #264	
4.4 CITY-ST-ZIP	MIAMI LAKES FL 33014	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)