

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767883

1. Entity Name

PALM SPRINGS JUNIOR HIGH BAND PARENTS ASSOCIATIO

Principal Place of Business

1025 W. 56 PLACE
HIALEAH FL 33012

Mailing Address

1025 W. 56 PLACE
HIALEAH FL 33012-2367

2. Principal Place of Business

1025 W. 56 St

Suite, Apt. #, etc.

3. Mailing Address

1025 W. 56 St.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah, FL

4. FEI Number

59-6000572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRIETO, ZOE MARIA
5892 W. 2 CT.
HIALEAH FL 33012

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

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

T ☐ Delete
NAME DE LA HOZ, MARIA
STREET ADDRESS 430 W 56 ST
CITY-ST-ZIP HIALEAH FL 33012

PD ☐ Delete
NAME PRIETO, ZOE
STREET ADDRESS 5892 W. 2 CT.
CITY-ST-ZIP HIALEAH FL 33012

SD ☐ Delete
NAME CORDOVA, JANNETTE
STREET ADDRESS 6305 W 8 AVE
CITY-ST-ZIP HIALEAH FL 33012

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE VP
NAME Juan Sastre
STREET ADDRESS 7270 Lochness Dr.
CITY-ST-ZIP Hialeah, FL 33014

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CONFIDENTIAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/00

(305) 821-2460
EXT. 239

CR20537 10/99