

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90059 002 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6000572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

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

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

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

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

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **SASTRE, JUAN**
CITY-ST-ZIP **7270 LOCHNESS DR**
HIALEAH FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **V.P.**
STREET ADDRESS **Maria Elena Soler.**
CITY-ST-ZIP **6481 W. 9 Ave**
Hialeah, FL 33012

TITLE ☐ Change ☒ Addition
NAME **SB**
STREET ADDRESS **Olga Lidia Rodriguez**
CITY-ST-ZIP **6080 E. 4 Ave**
Hialeah, FL 33013

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

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)