Amended

07-25-2001 90015 023 ****43.75
767883

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 AUG 31 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767883

1. Entity Name

PALM SPRINGS JUNIOR HIGH BAND PARENTS ASSOCIATION (AP)

Principal Place of Business	Mailing Address
1025 W. 56 PLACE HIALEAH, FL. 33012	1025 WEST 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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6000572 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZOE MARIA PRIETO 5892 WEST 2 CT. HIALEAH, FL. 33012	Name: MARIA ELENA SOLER Street Address (P.O. Box Number is Not Acceptable): 6481 WEST 9 AVE. City: HIALEAH, FL Zip Code: 33012

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] — Signature, fixed or printed name of registered agent and title if applicable. (NOTE: New Registered Agent signature required when reinstating.) DATE: 7/LS

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ZOE MARIA PRIETO 5892 WEST 2 CT. HIALEAH, FL. 33012	XX Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	President MARIA ELENA SOLER 6481 WEST 9 AVE. ~~HIALEAH, FL. 33012~~	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MARIA DE LA HOZ 430 WEST 56 STREET HIALEAH, FL. 33012	XX Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER OLGA LIDIA RODRIGUEZ 6080 EAST 4 AVE. HIALEAH, FL. 33013	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Jose Palacios 17325 N.w. 78 Ct. Miami, Fl. 33015 ½	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AR-2625	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY Maria Cabrera 2774 W. 60 Steeet Miami, Fl. 33016	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600004586406--7 -09/13/01--01010--001 *****26.25 *****26.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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 all other like empowered.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DAYTIME PHONE #