

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

04-28-2001 90060 003 ****61.25

DOCUMENT # N00000004807

1. Entity Name

MIAMI CORAL PARK BAND OF GOLD, INC.

Principal Place of Business

8865 SOUTHWEST 16TH STREET
 MIAMI FL 33165

Mailing Address

8865 SOUTHWEST 16TH STREET
 MIAMI FL 33165

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1024901

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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	P	<input checked="" type="checkbox"/> Delete
NAME	HITT, SUSAN	
STREET ADDRESS	8865 SOUTHWEST 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TEJO, VIVIAN	
STREET ADDRESS	8865 SOUTHWEST 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAMPO, PATRICIA	
STREET ADDRESS	8865 SOUTHWEST 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOBLE, JASON L	
STREET ADDRESS	8865 SOUTHWEST 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HITT, SUSAN	
STREET ADDRESS	8865 SOUTHWEST 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANCHEZ, ROSEMARY	
STREET ADDRESS	8865 SOUTHWEST 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Davis, Christopher	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD	
STREET ADDRESS	8865 SW 16 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	DV Sheran, Dulce	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	8865 SW 16 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	Sanchez, Luis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	8865 SW 16 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	DJP Noble, Jason L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8865 SW 16 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/23/01

CR2E037 (10/00)