


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90197 029 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000004093					
1. Entity Name MIAMI COUNTRY DAY SCHOOL PERFORMING ARTS BOOSTERS, INCORPORATED					
Principal Place of Business 601 NE 107TH ST MIAMI, FL 33161		Mailing Address PO BOX 380608 MIAMI, FL 33238			
2. Principal Place of Business same as above		3. Mailing Address same as above			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 26-0003835	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUANICO, MARK T ESQ 9545 NE 2ND AVE MIAMI SHORES, FL 33138				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAFMEISTER, VINCE		NAME		
STREET ADDRESS	601 NE 107TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALFONSO, TERRY		NAME		
STREET ADDRESS	601 NE 107TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WICKER, JOHN		NAME		
STREET ADDRESS	601 NE 107TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, SANDI		NAME		
STREET ADDRESS	601 NE 107TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUHLIG, JENNIFER		NAME		
STREET ADDRESS	601 NE 107TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Rinnok</u> Business Manager 4/2/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					

CR2E037 (10/02)