

2002 UNIFORM REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-06-2002 90048 006 ****61.25

DOCUMENT # N01000005124

1. Entity Name

AMS PARENT CHEERLEADERS' BOOSTER CLUB, INC.

Principal Place of Business

10900 SW 127TH AVE
 MIAMI FL 33186

Mailing Address

10900 SW 127TH AVE
 MIAMI FL 33186

73515

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

11554 SW 125 Terrace

MIAMI FL

33176

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1103073

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPINOSA, DORIS R
 11554 SW 125TH TERRACE
 MIAMI FL 33117

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	DP	<input type="checkbox"/> Delete
NAME	DIEGO, DARLA	
STREET ADDRESS	11430 SW 115 LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KIRK, KAREN	
STREET ADDRESS	14921 SW 140 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HUDDLESTON, PATRICIA	
STREET ADDRESS	11505 SW 122 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DIEGO, STEVE	
STREET ADDRESS	11430 SW 115 LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ESPINOSA, DORIS R	
STREET ADDRESS	11554 SW 125 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 #

CR2E037 (9/01)