

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000007579

Entity Name  
AMS BAND PARENT ASSOCIATION, INC.



Principal Place of Business  
8865 SW 16TH STREET  
MIAMI, FL 33165

Mailing Address  
10986 SW 2 STREET  
MIAMI, FL 33174

FILED

2007 DEC 17 PM 6:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11282007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
74-3127890

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VASQUEZ, MIRIAM  
10986 SW 2ND STREET  
MIAMI, FL 33174

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME VASQUEZ, MIRIAM ☐ Delete  
STREET ADDRESS 10986 SW 2ND STREET  
CITY-ST-ZIP MIAMI, FL 33174

TITLE VP  
NAME COSCULLVELA, ROSEMARY ☒ Delete  
STREET ADDRESS 2432 SW 102 AVENUE  
CITY-ST-ZIP MIAMI, FL 33165

TITLE ~~SECRETARY~~  
NAME ~~PENA, SHEILA~~ ☒ Delete  
STREET ADDRESS 1340 SE 17 AVENUE  
CITY-ST-ZIP HOMESTEAD, FL 33035 *Fit name*

TITLE T  
NAME TABOAS, ELVIRA ☐ Delete  
STREET ADDRESS 8833 NW 142 LANE  
CITY-ST-ZIP MIAMI LAKES, FL 33018

TITLE T  
NAME HENDERSON, SHERYL ☐ Delete  
STREET ADDRESS 760 NW 127 ST  
CITY-ST-ZIP NORTH MIAMI, FL 33168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200113267642  
CITY-ST-ZIP 12/19/07--01011--008 \*\*66.25

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

TITLE ☒ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Pena, Sheila  
CITY-ST-ZIP 1340 SE 17 Avenue  
Homestead, FL 33035

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

11/28/07

Date

786-413-8866

Daytime Phone #