

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**  
 02-20-2002 90059 014 \*\*\*\*70.00

**DOCUMENT # N47470**

1. Entity Name

**MIAMI KILLIAN BAND PATRONS ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

P.O. BOX 160864  
 MIAMI FL 33116-0864  
 US

P.O. BOX 160864  
 MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0237207**

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

**FRANKEL, ALAN**  
**12720 SW 114 AVENUE**  
**MIAMI FL 33176**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
 NAME **PENSLEY, SHERRI**  
 STREET ADDRESS **12322 SW 104TH LANE**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Patricia Steverling**  
 STREET ADDRESS **8602 SW 102 Street**  
 CITY-ST-ZIP **Miami, Florida 33156**

TITLE **VD** ☐ Delete  
 NAME **FRANKEL, ALAN**  
 STREET ADDRESS **12720 SW 114 AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **SD** ☒ Delete  
 NAME **WINDERBAUM, JON**  
 STREET ADDRESS **114806 SW 154TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33187**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Susan Kramer**  
 STREET ADDRESS **11451 SW 102 Street**  
 CITY-ST-ZIP **Miami, Florida 33176**

TITLE **TD** ☐ Delete  
 NAME **VALENTINO, PHILIP**  
 STREET ADDRESS **7825 SW 98TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **VD** ☐ Delete  
 NAME **HECHE, DAVID**  
 STREET ADDRESS **12351 SW 106TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **SD** ☒ Delete  
 NAME **BERKOWITZ, RITA**  
 STREET ADDRESS **11540 SW 82ND TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Debbie Ruiseo**  
 STREET ADDRESS **10425 SW 132 Court**  
 CITY-ST-ZIP **Miami, Florida 33186**

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

**1/31/02**

Date

**(305) 588-4500**

Daytime Phone #

CR2E037 (9/01)