2000 UNIFORM BUSINESS REPORT (UBR)

				(,	_	•	T.		1	
DOCUMENT # N9200000797 1. Entity Name						(~:	Japan Mariananan	A STATE OF THE STA		
THE SAINT ANDREWS PIPE BAND OF MIAMI, INC.						FIL	ED			
Principal Place of Business Mailing Address					00 MAY 2r. AM 9: 23					
60 N.E. 104TH STREET MIAMI SHORES FL 33138		80 N.E. 104TH STREET MIAMI SHORES FL 33138-2027			OLCRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			00 NOT WRITE IN THIS SPACE 5/04/00 90/153/009 \$66.25					
City & State		Čity & State			4. FEI Numbe		- Day	Ā	oplied For ox Applicable	7
Zlp Country		Zip	Country		5. Certificate	of Status Desired		8.75 Add	titional	1
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R				1
MACDONALD, NIGEL M				Name						1
				Street Address (P.O. Box Number	r is Not Acceptable) 			
	D4TH STREET Ores FL 33138				<u></u>					
140 0111 011				City			FL	Zip Cod	B	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or register	red agent, or both	n, in the state of Flo	rida.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd file if applicable. [NOTE	: Registere	d Agent signeture required	1 when reinstating)		DATE			
							Alexada B			1
FILE NOW: FEE IS \$61.25		S. Election Campaign Financing Trust Fund Contribution.			5.00 May Be Make Check Payable to deed to Fees Department of State				}	
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHA	NGES TO OFFICE	AS AND DIR	CTORS IN		2
TITLE NAME			TITC! NAM	4				Change	■ Addition	(66/6)
STREET ADDRESS 60 N.E. 104TH STREET			STRE	ET ADORESS						CR2E037
CITY-ST-ZIP	MIAMI SHORES FL 33138		TITLE	-ST-ZIP		·		Change	☐ Addition	CH2
NAME	BORDEN, CLIFFORD	L Delete	NAM	E			,			
STREET ADDRESS CITY-ST-ZIP	1002 N.E. 117TH STREET BISCAYNE PARK FL 33181		•	et address - St-zip						
TITLE	SD.	☐ Delete	TITLE	·	** *****			⊡-Change -	Addition	
NAME STREET ADDRESS	CINTRON, BONNIE 1770 LEWIS ROAD		nami Stre	E Et address						
CITY-ST-ZIP	MIAMI LAKES FL 33014		+	-ST-2P				-		}
- TITLE NAME		☐ Deleta	TITLE					☐ Change	☐ Addition	
STREET ADORESS			•	ET ADDRESS -St-zip						}
CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE					Change	Addition	
NAME	,		NAMI	i						{
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -\$t-zip						
TITLE		. Defete	TITLE		······································	-		Change	☐ Addition	
NAME STREET ADDRESS	•		NAMI	et address					ı	
CITY-ST-ZIP			CITY	-ST-ZIP						}
12. I hereby of indicated of the con-	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empore to the poration of the receiver or trustee empore the re	this filling does not qualify for true and accurate and that m	the exer ry signal	mption stated in Se ure shall have the : ad by Chapter 617	ection 119.07(3)(i) same legal effect), Florida Statutes. as if made under o	l'Iurther certif path; that I en a appears in I	y that the in a positicar Block 10 or	nformation or director Block 11 if	
phanad	poration of the receiver of trustee empor	weled to execute this report.	BB (BC)	BO DY CHEMPLES GIV	, ronda Sidules	, and blacky have		2,000, 100.		Į
changed.	or on an attachment with an address, w	water to execute this report, with all other like empowered.		BO DY CHEDIES CIT	, Pionida Sidulea	1216	2000	07 ~	16-	{