

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004902

1. Entity Name

G. HOLMES BRADDOCK FINE ARTS BOOSTER ASSOCIATION

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90015 046 \*\*\*\*70.00

Principal Place of Business

3601 SW 147TH AVENUE  
 MIAMI FL 33175

Mailing Address

3601 SW 147TH AVENUE  
 MIAMI FL 33175

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

65-0213049

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

DE LEON, EVAELIS  
 2301 SW 139TH PLACE  
 MIAMI FL 33175

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**  
**After September 13, 2000 min. will be \$236.25**

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 ☐ Delete  
 NAME D  
 STREET ADDRESS RIVERO, ERICH  
 CITY-ST-ZIP 3601 SW 147TH AVE  
 MIAMI FL 33185

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS COBIA, MAYRA  
 CITY-ST-ZIP 3601 SW 147TH AVENUE  
 MIAMI FL 33175

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

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS DE LEON, CHRISTOPHER  
 CITY-ST-ZIP 2301 SW 139 PLACE  
 MIAMI FL 33175

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

TITLE ☒ Delete  
 NAME V  
 STREET ADDRESS POL, ONDINA M  
 CITY-ST-ZIP 3470 SW 142 AVE  
 MIAMI FL 33175

TITLE ☐ Change ☒ Addition  
 NAME ALAMO, ALEJANDRO  
 STREET ADDRESS 2450 SW 138 Avenue  
 CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS MCLAUGHLIN, TERESA  
 CITY-ST-ZIP 8620 SW 149 AVE #405  
 MIAMI FL 33193

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS DE LEON, EVAELIS  
 CITY-ST-ZIP 2301 SW 139 PLACE  
 MIAMI FL 33175

TITLE ☐ Change ☐ 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 #

9/7/00

305-871-3500

CR2E037 (5/00)