

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90384 021 ****70.00

DOCUMENT # N95000004902

1. Entity Name
FINE ARTS BOOSTER ASSOCIATION, INC

Principal Place of Business
**3601 SW 147TH AVENUE
MIAMI, FL 33175**

Mailing Address
**15225 SW 37 TER
MIAMI, FL 33185**

44040730



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0213049

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CABRERA, LEONOR
15225 SW 37 TERRACE
MIAMI, FL 33185**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Delete
NAME **HOUCHINS, MARIA**
STREET ADDRESS **1074 SW 131 PLACE**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **PD** ☐ Change ☒ Addition
NAME **RAFAEL PEREZ**
STREET ADDRESS **1900 S.W. 140 COURT**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **VD** ☒ Delete
NAME **SAEZ, CARMEN**
STREET ADDRESS **12015 SW 10 STREET**
CITY-ST-ZIP **MIAMI, FL 33184**

TITLE **VD** ☐ Change ☒ Addition
NAME **EDUARDO GARCIA**
STREET ADDRESS **13021 SW 18 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **TRD** ☒ Delete
NAME **CABRERA, LEONOR**
STREET ADDRESS **15225 SW 37 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE **TRD** ☐ Change ☒ Addition
NAME **ANA FERNANDEZ**
STREET ADDRESS **884 SW 142 PLACE**
CITY-ST-ZIP **MIAMI, FL 331**

TITLE **PD** ☒ Delete
NAME **DE LEON, CHRISTOPHER**
STREET ADDRESS **2301 SW 139 PL**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **S** ☐ Change ☒ Addition
NAME **ZORAYA ARGUELLO**
STREET ADDRESS **14466 S.W. 50 STREET**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Leonor M. de Cabrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/04

Date

305-442-4623x29

Daytime Phone #