

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002863

1. Entity Name

MIAMI CARNIVAL BANDLEADERS ASSOCIATION INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90065 022 \*\*\*\*70.00

Principal Place of Business

1390 N.W. 200 STREET  
 MIAMI FL 33169

Mailing Address

1390 N.W. 200 STREET  
 MIAMI FL 33169-2744

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

65-0679089

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LIMERE, ALLISON  
 1390 N.W. 200 STREET  
 MIAMI FL 33169

## 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.

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

TITLE PD ☐ Delete  
 NAME ESELLE, RONALD  
 STREET ADDRESS 1875 NW 80TH TERRACE  
 CITY-ST-ZIP PLANTATION, FL 33312

TITLE STD ☐ Delete  
 NAME LIMERE, ALLISON  
 STREET ADDRESS 1390 N.W. 200 ST.  
 CITY-ST-ZIP MIAMI FL

TITLE TD ☐ Delete  
 NAME MONTES, CARL  
 STREET ADDRESS 5138 NW 94TH LANE  
 CITY-ST-ZIP MIAMI FL 33055

TITLE TD ☐ Delete  
 NAME ROBERTS, PATRICIA  
 STREET ADDRESS P.O. BOX 014846  
 CITY-ST-ZIP MIAMI FL 33101

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Allison Limere* Allison Limere 4/23/00 (305) 652-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)