

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90048 019 ****70.00

DOCUMENT # N96000002863

1. Entity Name

MIAMI CARNIVAL BANDLEADERS ASSOCIATION INC.

Principal Place of Business

**1390 N.W. 200 STREET
 MIAMI FL 33169**

Mailing Address

**1390 N.W. 200 STREET
 MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0679089

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

**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	<input checked="" type="checkbox"/> Delete
NAME	ESDELLE, RONALD	
STREET ADDRESS	1875 NW 80TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33312	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LIMERE, ALLISON	
STREET ADDRESS	1390 N.W. 200 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MONTE, CARL	
STREET ADDRESS	5138 NW 94TH LANE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, PATRICIA	
STREET ADDRESS	P.O. BOX 014846	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Antoni, Gregory	
STREET ADDRESS	1352 N.W. 78th Ave	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Limere, Allison	
STREET ADDRESS	1390 NW 200 St	
CITY-ST-ZIP	Miami, FL 33169	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony, Tracey-Ann	
STREET ADDRESS	P.O. Box 246342	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Montes, Carl	
STREET ADDRESS	5138 NW 94th Lane	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cudjoe, Fred	
STREET ADDRESS	3516 NW 24th Street	
CITY-ST-ZIP	Lauder Lakes, FL 33311	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillip, Stanford	
STREET ADDRESS	4443 NW 202 St	
CITY-ST-ZIP	Miami, FL 33055	

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* *01/11/01* *(305) 652-1818*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)