

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90168 012 ****61.25

DOCUMENT # 196000002863

1. Entity Name

Miami Carnival Band Leaders Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10455 S.W. 146 Ter

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 971726

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

Zip

33176

Country

USA

City & State

Miami, FL

Zip

33197

Country

USA

4. FEI Number

650679089

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Allison Limere

Street Address (P.O. Box Number is Not Acceptable)

1390 N.W. 200 Ter

City

Miami

FL

Zip Code

33169

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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	D	President
NAME		Vernon Brooks
STREET ADDRESS		10455 S.W. 146 Ter
CITY - ST - ZIP		Miami, FL 33176
TITLE	D	Vice-President
NAME		Anthony Irish
STREET ADDRESS		1237 N.W. 119 ST
CITY - ST - ZIP		Miami, FL 33167
TITLE	D	Secretary
NAME		Stanford Phillip
STREET ADDRESS		4443 N.W. 202 ST
CITY - ST - ZIP		Miami, FL 33055
TITLE	D	Treasurer
NAME		Mozzam Hosein
STREET ADDRESS		8571 N.W. 4th ST
CITY - ST - ZIP		Pembroke Pines, FL 33024
TITLE	T	Public Relation
NAME		Tracy Anthony
STREET ADDRESS		8571 N.W. 4th ST
CITY - ST - ZIP		Pembroke Pines, FL 33024
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with authority empowered.

SIGNATURE:

Vernon Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/02

Date

(954) 456-2600

Daytime Phone #

CR2E037B (12/01)