

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90309 017 \*\*\*\*\*70.00

**DOCUMENT # N96000002863**

1. Entity Name

MIAMI CARNAVAL BANDLEADERS ASSOCIATION INC.



Principal Place of Business

1390 NW 200 STREET  
MIAMI FL 33169

Mailing Address

1390 NW 200 STREET  
MIAMI FL 33169

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



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW: 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

TITLE PD  
NAME LIMERE, ALLISON ☐ Delete  
STREET ADDRESS 1390 NW 200 STREET  
CITY-ST-ZIP MIAMI FL 33169

TITLE SD  
NAME MONTES, CARL ☐ Delete  
STREET ADDRESS 5138 NW 194 LN  
CITY-ST-ZIP MIAMI FL 33055

TITLE TD  
NAME ROBERTS, PATRICIA ☐ Delete  
STREET ADDRESS 585 NW 94TH STREET  
CITY-ST-ZIP MIAMI FL 33150

TITLE PRD  
NAME CHARLES, WAVENEY ☐ Delete  
STREET ADDRESS 590 NE 160 STREET  
CITY-ST-ZIP N MIAMI FL 33162

TITLE TD  
NAME BROOKS, VERNON ☐ Delete  
STREET ADDRESS 10455 SW 146 TERRACE  
CITY-ST-ZIP MIAMI FL 33176

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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CITY-ST-ZIP

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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: Allison Limere / ALLISON Limere  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2004 (305)652-1818  
Date Daytime Phone #