

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90146 037 ****70.00

DOCUMENT # N96000002863

1. Entity Name

MIAMI CARNIVAL BANDLEADERS ASSOCIATION INC.



DO NOT WRITE IN THIS SPACE

80098563

2. Principal Place of Business

1390 N.W. 200 STREET

Suite, Apt. #, etc.

3. Mailing Address

1390 N.W. 200 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

650679089

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33169

Country

USA

5. Certificate of Status Desired

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\$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 NW 200 STREET

MIAMI

City

FL

Zip Code

33169

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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. 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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE PROST/D-...
NAME CHARLES WAVENET
STREET ADDRESS 590 NE 160 ST
CITY-ST-ZIP N, MIAMI, FL 33162

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

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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 all other like empowered.

SIGNATURE: Allison Limere ALLISON LIMERE

4-24-2003 (305)652-1818

CR2E037B (12/02)