

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

0078968

DOCUMENT # **N99000005852**

1. Entity Name
BRADOCK SENIOR HIGH CHORUS BOOSTER INC.



03-24-2003 90651 002 ****70.00

Principal Place of Business
**3601 S.W. 147TH AVENUE
MIAMI FL 33185**

Mailing Address
**3601 S.W. 147TH AVENUE
MIAMI FL 33185**

2. Principal Place of Business
BRADOCK Sr. Chorus

3. Mailing Address
3601 S.W. 147 Ave.

Suite, Apt. #, etc.

City & State
Miami FL

City & State
FL

Zip
33185

Country
DADE

Zip
FL

Country

4. FEI Number **65-0984597**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**LOPEZ, PAULINE
7340 S.W. 164 COURT
MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name
FABIOLA P. LLANES

Street Address (P.O. Box Number is Not Acceptable)
281 N.W. 120 AVE

City
Miami

FL

Zip Code
33182

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT JIMINEZ, REINA 2752 W. 54TH STREET MIAMI FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LLANES, FABIOLA 281 N.W. 120 AVENUE MIAMI FL 33182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FLORES, MAYDA 13013 S.W. 42 TERRACE MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOPEZ, PAULINE 7340 SW 164 CT. MIAMI FL 33193 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Monse Cruz 2952 S.W. 136 Ct. MIAMI FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FABIOLA P. LLANES 281 N.W. 120 AVE MIAMI, FLORIDA 33182 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Loreia Sofia 13700 S.W. 91 Ter MIAMI, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. T. Elizabeth Calderon 4575 S.W. 143 AVE MIAMI, FL 33185 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **FABIOLA P. LLANES**
FABIOLA P. LLANES 2/23/03 (305) 651-3046

CR2E037 (10/02)