

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90031 001 ****70.00

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1. Entity Name

RMS MUSIC PARENTS ASSOCIATION, INC.



Principal Place of Business

**16001 SW 248 STREET
HOMESTEAD FL 33031**

Mailing Address

**16001 SW 248 STREET
HOMESTEAD FL 33031**

90005200



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0903549**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUEST, JAMES M
15600 SW 288 STREET SUITE 310
HOMESTEAD FL 33033**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **VAN RYAN, VICTORIA**
STREET ADDRESS **24080 SOUTH WEST 157 AVENUE**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **PD** ☒ Change ☐ Addition
NAME **GREGORY HILL**
STREET ADDRESS **16001 SW 248 ST.**
CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE **SD** ☐ Delete
NAME **CRETILLA, EILEEN**
STREET ADDRESS **16395 SW 279 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **SD** ☒ Change ☐ Addition
NAME **ANITA TURKE**
STREET ADDRESS **16001 SW 248 ST.**
CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE **VD** ☐ Delete
NAME **FULMER, CHRISTINE**
STREET ADDRESS **22195 SOUTH WEST 252 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **VD** ☒ Change ☐ Addition
NAME **IRAHIMA MONTAYA**
STREET ADDRESS **16001 SW 248 ST.**
CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE **TD** ☐ Delete
NAME **SUGGS, ISABEL**
STREET ADDRESS **15880 SOUTH WEST 252 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Isabel Suggs
ISABEL SUGGS

1-15-03 (305) 436-4528

CR2E037 (10/02)