

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090664

1. Entity Name
PIPER HIGH SCHOOL BAND PARENTS ASSOCIATION INC.

Principal Place of Business
8000 NW 44TH ST
SUNRISE FL 33351

Mailing Address
8000 NW 44TH ST
SUNRISE FL 33351

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0802951

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDMAN, MIKE
8000 NW 44TH ST
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name KENNETH BOWER
Street Address (P.O. Box Number is Not Acceptable)
4314 NW 103 AVENUE
City SUNRISE FL Zip Code 33351

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 KENNETH BOWER, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/4/01

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME FRIEDMAN, MIKE
STREET ADDRESS 8000 NW 44TH ST
CITY-ST-ZIP SUNRISE FL 33351 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KENNETH BOWER
STREET ADDRESS 4314 NW 103 AVENUE
CITY-ST-ZIP SUNRISE, FL 33351 ☒ Change ☐ Addition

TITLE VP
NAME CRESENZIO TRUJILLO
STREET ADDRESS 9390 NW 33 MANOR
CITY-ST-ZIP SUNRISE, FL 33351 ☐ Change ☒ Addition

TITLE S
NAME LILLIAN GILLAR
STREET ADDRESS 11940 NW 31 STREET
CITY-ST-ZIP SUNRISE, FL 33323 ☐ Change ☒ Addition

TITLE T
NAME ALBERT J. GILLAR
STREET ADDRESS 11940 NW 31 STREET
CITY-ST-ZIP SUNRISE, FL 33323 ☐ Change ☒ Addition

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/01 (954) 572-5395
Date Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90001 014 ***558.75

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DO NOT WRITE IN THIS SPACE

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