

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000007873

FILED
Apr 30, 2022
Secretary of State
2684597049CC

Entity Name: WEST BROWARD PERFORMANCE ENSEMBLE BOOSTERS, INC.

Current Principal Place of Business:

500 NW 209TH AVENUE
PEMBROKE PINES, FL 33029

Current Mailing Address:

1987 NW 171ST AVENUE
C/O BARRY R. VOGEL, ESQ.
PEMBROKE PINES, FL 33028

FEI Number: 84-2393754

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VOGEL, BARRY R ESQ.
1987 NW 171ST AVENUE
PEMBROKE PINES, FL 33028 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CO-FUNDRAISING SECRETARY
Name KATZ, YVETTE
Address 500 NW 209TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

Title TREASURER
Name POLO, MARIBEL
Address 500 NW 209TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

Title FINANCIAL SECRETARY
Name FRAGALE, RICARDO
Address 500 NW 209TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

Title COMMUNICATIONS SECRETARY
Name MADIA, MELISSA
Address 500 NW 209TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

Title PRESIDENT
Name POLO, RUBEN
Address 500 NW 209TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

Title CO-FUNDRAISING SECRETARY
Name VASQUEZ, CAROLINA
Address 500 NW 209TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

Title RECORDING SECRETARY
Name RODRIGUEZ, RICK
Address 500 NW 209TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

Title VP
Name GONZALEZ, DIVINA
Address 500 NW 209TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: YVETTE KATZ

**CO-FUNDRAISING
SECRETARY**

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title INTERNAL/TRIP COORDINATOR
Name FRAGALE, AMANDA
Address 500 NW 209TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33029