2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90129 031 ***150.00

DOCUMENT # P97000002891

1. Entity Name
AMERICAN BALLROOM COMPANY, INC.

Principal Place of Business	Mailing Address
1077 PONCE DE LEON BLVD ~~MIAMI~~ FL 33134 Coral Gables	1077 PONCE DE LEON BLVD ~~MIAMI~~ FL 33134 Coral Gables

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 06-8710414 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIMMINS, JOHN 1077 PONCE DE LEON BLVD. ~~MIAMI~~ FL 33134 Coral Gables	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 $150.00
After May 1, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIMMINS, JOHN 3692 ESTEPONA AVE. MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jane Chiang 20 Country Lane Rolling Hills CA 90274	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ CB MASTERS, PHILIP S 29 FAIRHAVEN DR. CHERRY HILL NJ 08003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Josie Lee 361 N Saltair Ave Los Angeles CA 90049	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD BULGER, VINCENT 457 BLOOMFIELD AVE. VERONA NJ 07044	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bruno Triliegi 11 Yacht Club Dr Ft Walton Beach, FL 32548	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ENG, WAYNE 8933 W SAHARA AVE LAS VEGAS NV 89117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHIANG, MARTIN 20 COUNTRY LANE ROLLINGS HILLS EST CA 90274	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD THEISS, GEORGE B ~~15410 SW 77 AVE.~~ 600 Biltmore Way-PH110 ~~MIAMI FL 33157~~ Coral Gables, FL 33134	☐ Delete	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: X SIGNATURE John Kimmins TYPED OR PRINTED John Kimmins | 01/28/02 | 305-445-9645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)