

2002 UNIFORM BUSINESS REPORT (UBR)

0056988
AV

DOCUMENT # P99000031880

1. Entity Name
NEW CENTURY DANCE CORP.

FILED

02 SEP 11 PM 2:51

Principal Place of Business

12745 NW 10 LANE
MIAMI FL 33182

Mailing Address

12745 NW 10 LANE
MIAMI FL 33182



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13615 NW 9 TERRACE

Suite, Apt. #, etc.

MIAMI FL

City & State

33182

3. Mailing Address

13615 NW 9 TERRACE

Suite, Apt. #, etc.

City & State

MIA FLORIDA

4. FEI Number

65-0909645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLIVA, MARIA A

12745 NW 10 LANE

MIAMI FL 33182

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13615 NW 9 TERR.

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

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

(NOTE: Registered Agent signature required when reinstating)

9/1/02
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 \$550.00
After September 13, 2002 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 SILVA, MARIA A
STREET ADDRESS 12745 NW 10 LANE
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

9-1-02 305-223-8142
Date Daytime Phone #

CR2E034 (4/02)