2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 505224 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** WORLD DANCE STUDIOS, INC. 03-30-2000 90038 035 ***150.00 Principal Place of Business Mailing Address % HMPD 15410 SW 77TH AVENUE 16100 NE 16 AVE **MIAMI FL 33157** NO MIAMI BCH FL 33162-4708 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1676853 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THEISS, GEORGE B. Street Address (PO. Box Number is Not Acceptable) 15410 SW 77TH AVE. **MIAMI FL 33157** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** ☐ Delete TITLE TITLE THEISS, GEORGE B. NAME NAME STREET ADDRESS 15410 S.W. 77TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change TITLE ☐ Delete TITLE THEISS, LEONARD J. NAME STREET ADDRESS 118 ANCHORAGE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH PALM BCH FL Change ☐ Addition ☐ Delete TITL F TITLE THEISS, ALICE W. NAME NAME STREET ADDRESS 118 ANCHORAGE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH PALM BCH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE THEISS, GEORGIA H. NAME NAME STREET ADDRESS 15410 SW 77 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNING OFFICER OR DIRECTOR

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