

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 578071

1. Entity Name

THE DANCE CENTER, INC.



FILED

03 JUL 31 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

11105 SW 119 STREET
MIAMI FL 33176
US

Mailing Address

11105 SW 119 STREET
MIAMI FL 33176
US

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 59-1834075

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FINAN, KAREN L.
11105 SW 119 ST
MIAMI FL 33176

7. Name and Address of New Registered Agent

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. 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)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	FINAN, KAREN L.	
STREET ADDRESS	11105 SW 119TH ST.	
CITY-ST-ZIP	MIAMI FL 33176	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	700022164257	
STREET ADDRESS	08/08/03--01002--020	**150.00
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen L. Parker
KAREN L. PARKER

7-28-03

305-253-3747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

578071

THE DANCE CENTER, INC.
11105 S.W. 119TH STREET
MIAMI, FL 33176

July 25, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

In regards to the Uniform Business Report, please be advised that I was hospitalized due to an accident. I was not able to receive and pay my annual report in a timely manner. I am requesting an abatement of the penalty due to my hospitalization. I have enclosed a check for \$150.00. Please let me know if this would be acceptable since my hospitalization resulted in making it impossible for me to pay this invoice as originally due.

Thank you in advance for your understanding in this difficult situation.

Very truly yours

Karen L. Finan

Karen Finan, President