

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711639

1. Entity Name

BALLET CONCERTO COMPANY OF MIAMI, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90161 046 *****70.00

Principal Place of Business

4180 S.W. 74 COURT
MIAMI FL 33155

Mailing Address

4180 S.W. 74 COURT
MIAMI FL 33155

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

23-7375977

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, CARMEN G
4180 S.W. 74 COURT
MIAMI FL 33155

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MIRANDA DIAZ, MEKCI
STREET ADDRESS 4180 S.W. 74 COURT
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE D
NAME DIAZ, SONIA
STREET ADDRESS 3170 SW 19TH TERR
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD
NAME CORA, ADRIANA
STREET ADDRESS 3380 CRYSTAL COURT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TD
NAME PERNAS, ANTONIO
STREET ADDRESS 4180 S.W. 74 COURT
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE D
NAME DEL PINO, MARTHA
STREET ADDRESS 3410 CORAL WAY
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE M
NAME SUAREZ, CARMEN G
STREET ADDRESS 4180 S.W. 74 COURT
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 617, 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:

Carmen G. Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

(305) 266-0082

Daytime Phone #

CR2E037 (10/00)