2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711639

BALLET CONCERTO COMPANY OF MIAMI, INC.

Principal Place of Business

Mailing Address

4180 S.W. 74 COURT MIAMI FL 33155 4180 S.W. 74 COURT MIAMI FL 33155

--Zip ---

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FILED Sep 09, 2002 8:00 am Secretary of State

09-09-2002 90009 017 ****70.00



DO NOT WRITE IN THIS SPACE

23-7375977

Applied For

\$8.75 Additional

Fee Required -

Not Applicable

o. Halle and Address of Current neglistered Agent	7. Natific and Address of New Registered Agent				
	Name CARMEN G. SUAREZ				
SUAREZ, CARMEN G 4180 S.W. 74 COURT MIAMI FL 33155	Street Address (P.O. Box Number is Not Acceptable)				
	Miqui				
	City FL Zip Code 3316で				
<u> </u>					

Country

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

After September 13, 2002, min. will be \$236.25.

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

4. FEI Number

5. Certificate of Status Desired

Make Check Payable to Department of State

200							
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		10	
TITLE	PD	☐ Delete	TITLE			Change	☐ Addition
NAME	MIRANDA DIAZ, MEKCI		NAME				i
STREET ADDRESS	4180 S.W. 74 COURT		STREET ADDRESS				1.
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP				
TITLE	D	Delete	TITLE			Change	☐ Addition
NAME	DIAZ, SONIA		NAME				
STREET ADDRESS?	3170:SW-19TH-TERR	The state of	STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	VD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	CORA, ADRIANA		NAME		1		
STREET ADDRESS	3380 CRYSTAL COURT		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	PERNAS, ANTONIO		NAME				ł
STREET ADDRESS	4180 S.W. 74 COURT		STREET ADDRESS				1
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	DEL PINO, MARTHA		NAME				İ
STREET ADDRESS	3410 CORAL WAY		STREET ADDRESS				1
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	M	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	SUAREZ, CARMEN G		NAME				}
STREET ADDRESS	4180 S.W. 74 COURT		STREET ADDRESS				1
CITY-ST-ZIP	MIAMI FL 33155		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 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:

Namen HATERICA NED

9/3/02

CR2E037 (4/02)