

DOCUMENT # 731445

1. Entity Name

THE THOMAS ARMOUR YOUTH BALLET, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90005 006 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5818 SW 73RD STREET
SOUTH MIAMI FL 33143
US

5818 S.W. 73RD STREET
SOUTH MIAMI FL 33143-5210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6163957

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMOUR, THOMAS
520 GRAND CONCOURSE
MIAMI SHORES FL 33138

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.

Not Applicable

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME WIESEN, RUTH A
STREET ADDRESS 8021 S.W. 94TH CT.
CITY-ST-ZIP MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST
NAME PIKE, MR. ROBERT E.
STREET ADDRESS 276 N.E. 116 STREET
CITY-ST-ZIP MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP
NAME ARMOUR, THOMAS
STREET ADDRESS 520 GRAND CONCOURSE
CITY-ST-ZIP MIAMI SHORES, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00 305-667-5985

Date

Daytime Phone #

CR2E037 (9/99)