

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0017012

DOCUMENT # F02000005494

1. Entity Name

DJONIBA DANCE & DRUM CENTRE, INC.



APPROVED
AND
FILED

03 SEP 22 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

37 EAST 18TH STREET, 7TH FLOOR
NEW YORK NY 10003

Mailing Address

37 EAST 18TH STREET, 7TH FLOOR
NEW YORK NY 10003

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 13-3692600

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, JOE M
304 SOUTH WILLOW AVENUE
TAMPA FL 33606

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 \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PC
NAME DJONIBA MOUFLET, JOHNNY
STREET ADDRESS 505 WEST 143RD STREET #65
CITY-ST-ZIP NEW YORK NY 10031 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300023517883
CITY-ST-ZIP 10/02/03--01075--015 **236.25

TITLE VCT
NAME MOUFLET, REINA
STREET ADDRESS 505 WEST 143RD STREET #65
CITY-ST-ZIP NEW YORK NY 10031 ☐ Delete

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

TITLE DS
NAME DODGE, JOHN
STREET ADDRESS 540 MAIN STREET #462
CITY-ST-ZIP NOOSEVELT IS 10044 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

DJONIBA MOUFLET

SEP 9 2003

212-254-9466

CR2E037 (4/03)