

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90134 035 \*\*\*150.00

**DOCUMENT # H49876**

1. Entity Name

**DANIEL MALONEY DANCE STUDIOS, INC.**

Principal Place of Business

**398 NE 6TH AVE**  
**DELRAY BEACH FL 33483**  
**US**

Mailing Address

**398 NE 6TH AVE**  
**DELRAY BEACH FL 33483**  
**US**

2. Principal Place of Business

**12520 OAK ARBOR LN**

Suite, Apt. #, etc.

**BOYNTON BCH**

City & State

**FL**

3. Mailing Address

**12520 OAK ARBOR LN**

Suite, Apt. #, etc.

**BOYNTON BCH**

City & State

**FL**

Zip

**33436**

Country

**USA**

Zip

**33436**

Country

**USA**

6. Name and Address of Current Registered Agent

**MALONEY, CATIA**  
**398 NE 6TH AVENUE**  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

**MALONEY CATIA**

Street Address (P.O. Box Number is Not Acceptable)

**12520 OAK ARBOR LN**

**BOYNTON BCH FL**

City

**FL**

Zip Code

**33436**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **MALONEY, DANIEL**  
STREET ADDRESS **398 NE 6TH AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **STD** ☐ Delete  
NAME **MALONEY, CATIA**  
STREET ADDRESS **398 NE 6TH AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
NAME **MALONEY DANIEL**  
STREET ADDRESS **12520 OAK ARBOR LN**  
CITY-ST-ZIP **BOYNTON BCH, FL 33436**

TITLE **STD** ☒ Change ☐ Addition  
NAME **MALONEY CATIA**  
STREET ADDRESS **12520 OAK ARBOR LN**  
CITY-ST-ZIP **BOYNTON BCH, FL 33436**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (10/00)

0309105