

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K91156**

1. Entity Name
DANCER PUBLISHING COMPANY, INC.

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90033 029 ***150.00

Principal Place of Business

% OWEN GOLDMAN
2809 BIRD AVENUE, SUITE 231
MIAMI FL 33133

Mailing Address

% OWEN GOLDMAN
2809 BIRD AVENUE, SUITE 231
MIAMI FL 33133

2. Principal Place of Business

2829 BIRD AVE

Suite, Apt. #, etc.
STE 5 PMB 231

City & State
MIAMI FL

Zip
33133

Country
USA

3. Mailing Address

2829 BIRD AVE

Suite, Apt. #, etc.
STE 5 PMB 231

City & State
MIAMI FL

Zip
33133

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0139216**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMAN, OWEN
2809 BIRD AVENUE
SUITE 231
MIAMI FL 33133

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]

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, 2002 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 **D** ☐ Delete
NAME **GOLDMAN, OWEN**
STREET ADDRESS **2809 BIRD AVENUE**
CITY-ST-ZIP **2829 BIRD AV SUITE PMB 231 MIAMI FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)