

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90255 018 \*\*\*\*50.00

DOCUMENT # L01000005399

1. Entity Name

ALTERNATIVE DANCE STUDIO, LLC

Principal Place of Business

%DAVID J FREEMAN, FERRIS BUSINESS CENTER  
 220 FERRIS AVE.  
 WHITE PLAINS NY 10603

Mailing Address

%DAVID J FREEMAN, FERRIS BUSINESS CENTER  
 220 FERRIS AVE.  
 WHITE PLAINS NY 10603

93370

2. Principal Place of Business

3342 NE 32nd St

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65111600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FREEMAN, DAVID J ESQ.  
 1517 S.E. 2ND ST.  
 FT LAUDERDALE FL 33301

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	David Freeman	3342 NE 32nd St	FL 33301	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

5-1-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #