

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000825

1. Entity Name

NET ALLIANCE ENTERTAINMENT, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:17

Principal Place of Business

% HORTON DANCE INC.  
1350 E. SUNRISE BLVD.  
FT. LAUDERDALE FL 33304

Mailing Address

% HORTON DANCE INC.  
1350 E. SUNRISE BLVD.  
FT. LAUDERDALE FL 33304-2807



2. Principal Place of Business

4500 NW 12 CT

Suite, Apt. #, etc.

3. Mailing Address

4500 NW 12 CT

Suite, Apt. #, etc.

City & State

Lauderhill, FL

Zip: 33313

Country

USA

City & State

Lauderhill, FL

Zip

33313

Country

USA

4. FEI Number

65-0873567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOZIER, ADRIENNE U  
4500 N.W. 12TH COURT  
LAUDERHILL FL 33313

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM  
NAME DOZIER, ADRIENNE U  
STREET ADDRESS 4500 N.W. 12TH COURT  
CITY- ST- ZIP LAUDERHILL FL 33313

TITLE MGRM  
NAME HORTON, CLEORA  
STREET ADDRESS 4500 N.W. 12TH COURT  
CITY- ST- ZIP LAUDERHILL FL 33313

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10. ADDITIONS / CHANGES

TITLE  
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CITY- ST- ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2.5.00 954.731.7637