

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90007 032 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000001319			
1. Entity Name MIAMI CONTEMPORARY DANCE CORPORATION			
Principal Place of Business 1610 EUCLID AVE., #B MIAMI BEACH FL 33139		Mailing Address 1610 EUCLID AVE., #B MIAMI BEACH FL 33139	
2. Principal Place of Business		3. Mailing Address <i>Miami Contemporary Dance Corporation</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 398256</i>	
City & State		City & State <i>Miami Beach, Florida</i>	
Zip	Country	Zip	Country
<i>33239-8256</i>	<i>USA</i>	<i>33239-8256</i>	<i>USA</i>
4. FEI Number <i>65-0989228</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SULLIVAN, RAYMOND 1610 EUCLID AVE., #B MIAMI BEACH FL 33139		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, RAYMOND M	NAME	
STREET ADDRESS	1610 EUCLID AVE., #B	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLARDO, JORGE	NAME	
STREET ADDRESS	1754 MERIDIAN AVE., #404	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ESAIAS	NAME	
STREET ADDRESS	774 NE 71 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/00)

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: *Raymond Sullivan* *1/4/2001* *(305)532-4692*