

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90073 041 \*\*\*\*70.00

**DOCUMENT # N00000001319**

1. Entity Name

**MIAMI CONTEMPORARY DANCE CORPORATION**

Principal Place of Business

Mailing Address

**1610 EUCLID AVE., #B  
MIAMI BEACH FL 33139**

**PO BOX 398256  
MIAMI BEACH FL 33239-8256**

2. Principal Place of Business

3. Mailing Address

**1900 Liberty Ave.**

Suite, Apt. #, etc.

**Apt. # 211**

**City & State  
Miami Beach, FL**

City & State

**Zip  
33139**

Zip

Country

**Country  
USA**

4. FEI Number

**65-0989228**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$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 **Raymond Sullivan**

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

**1900 Liberty Ave. Apt. # 211**

**City  
Miami Beach**

**FL**

**Zip Code  
33139**

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 **Raymond Sullivan, President** **4/26/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PTD**  
STREET ADDRESS **SULLIVAN, RAYMOND M**  
CITY-ST-ZIP **1610 EUCLID AVE., #B  
MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition  
NAME **P/T/D**  
STREET ADDRESS **Sullivan, Raymond M**  
CITY-ST-ZIP **1900 Liberty Ave Apt. 211  
Miami Beach, FL 33139**

TITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **GALLARDO, JORGE**  
CITY-ST-ZIP **1754 MERIDIAN AVE., #404  
MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition  
NAME **V/D**  
STREET ADDRESS **Gallardo, Jorge**  
CITY-ST-ZIP **1754 Meridian Ave, # 404  
Miami Beach, FL 33139**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JOHNSON, ESAIAS**  
CITY-ST-ZIP **774 NE 71 ST.  
MIAMI FL 33138**

TITLE ☒ Change ☐ Addition  
NAME **S/D**  
STREET ADDRESS **Johnson, Esaias**  
CITY-ST-ZIP **774 NE 71 St.  
Miami, FL 33138**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Bruce Leslie**  
CITY-ST-ZIP **1900 Liberty Ave. Apt. 211  
Miami Beach, FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Robin Shear**  
CITY-ST-ZIP **1900 Liberty Ave. Apt. 211  
Miami Beach, FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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, President** **4/26/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)