

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**  
05-19-2003 90205 041 \*\*\*\*70.00

**DOCUMENT # N00000001319**

1. Entity Name

**MIAMI CONTEMPORARY DANCE CORPORATION**



Principal Place of Business

**1900 LIBERTY AVE  
APT # 211  
MIAMI BEACH FL 33139**

Mailing Address

**P.O. BOX 398256  
MIAMI BEACH FL 33239-8256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0989228**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SULLIVAN, RAYMOND  
1900 LIBERTY AVE  
APT # 211  
MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **SULLIVAN, RAYMOND M**  
STREET ADDRESS **11900 LIBERTY AVE APT 211**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

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

TITLE **D** ☐ Delete  
NAME **LESLIE, BRUCE**  
STREET ADDRESS **1900 LIBERTY AVE APT 211**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete  
NAME **SHEAR, ROBIN**  
STREET ADDRESS **1900 LIBERTY AVE APT 211**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
NAME **SD**  
STREET ADDRESS **Carolyn Goldberg**  
CITY-ST-ZIP **1900 Liberty Ave Apt 211  
Miami Beach FL 33139**

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

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

**April 24, 2003 (305) 298-8945**

CR2E037 (10/02)