

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90011 040 ****61.25

DOCUMENT # N00000003055

1. Entity Name
THE DANCE NOW! ENSEMBLE, INC.

Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131	Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131
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DUP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 620 75th ST Suite, Apt. #, etc. 3. FLOOR City & State MIAMI BEACH, FL Zip 33141 Country USA	3. Mailing Address 7000 BONITA DR. Suite, Apt. #, etc. #508 City & State MIAMI BEACH, FL Zip 33141 Country USA
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4. FEI Number 65-1005951	APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GELLER, LANCE ESQ. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DP BAUMGARTEN, HANNAH 7000 BONITA DRIVE, STE 508 MIAMI FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SALTERINI, DIEGO 5401 ALTON ROAD MIAMI FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FARNUM, COLLEEN 7000 BONITA DRIVE, STE 508 MIAMI FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WACH, JASON 530 75TH STREET, STE 9 MIAMI FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELLER, LANCE 520 BRICKELL KEY DR, STE 0-305 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, STEPHEN 4242 NE 2ND AVENUE MIAMI FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Hanna Baumgarten* 3/1/02 (954) 797-4838

CR2E037 (9/01)