

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005181

1. Entity Name

Just Dance It PTSD

FILED

02 JAN 02 PM 2:53

Principal Place of Business

14613 SW 104 ST  
MIAMI, FL 33186

Mailing Address

15124 SW 110 Ter.  
Miami, FL 33196

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

65-1031729

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Randolph Rodriguez  
15124 SW 110 Ter.  
Miami FL 33196

7. Name and Address of New Registered Agent

Name

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

City

800004917018-8

-02/13/02--01098--005

\*\*\*150.00 \*\*\*150.00

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

12-18-01

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

TITLE President  
NAME Evelyn Rodriguez-Moura  
STREET ADDRESS 15124 SW 110 Ter.  
CITY-ST-ZIP Miami FL 33196 ☒ Delete "D"

TITLE VICE PRESIDENT  
NAME TANIA POSSEY  
STREET ADDRESS 15000 SW 145 CT  
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete "D"

TITLE SECRETARY  
NAME TONIE J. JUNCO  
STREET ADDRESS 10666 SW 76 Ter.  
CITY-ST-ZIP Miami FL 33173 ☒ Delete "D"

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT  
NAME Mercy Iglesias  
STREET ADDRESS 10420 SW 139 AVE  
CITY-ST-ZIP Miami, FL 33186 ☒ Change ☐ Addition "D"

TITLE VICE PRESIDENT  
NAME Liz Del Campillo  
STREET ADDRESS 15619 SW 98 Ter.  
CITY-ST-ZIP Miami FL 33196 ☒ Change ☐ Addition "D"

TITLE Secretary  
NAME Haydee Pabon  
STREET ADDRESS 16272 SW 97 St  
CITY-ST-ZIP Miami, FL 33196 ☒ Change ☐ Addition "D"

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800004917018-8  
-02/13/02--01098--006  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800004917018-8  
-02/13/02--01098--007  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800004917018-8  
-02/13/02--01098--008  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/01 305-329-3518

Date Daytime Phone #

CR2E037 (11/00)