

2001 UNIFORM BUSINESS REPORT (UBR)

4/27

FILED
Jun 02, 2001 8:00 am
Secretary of State

04-27-2001 90300 048 ****70.00

DOCUMENT # N00000007906

1. Entity Name

DANCE DIASPORA, INC.

Principal Place of Business

1380 NW 203 ST
 MIAMI FL 33169

Mailing Address

1380 NW 203 ST
 MIAMI FL 33169

2. Principal Place of Business

1380 NW 203 ST

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33169

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, WILLIAM C ESQ
 220 COURTHOUSE PLAZA
 28 W FLAGLER ST
 MIAMI FL 33130**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Yvonne Jones-Houston	D
STREET ADDRESS	1380 NW 203 ST	
CITY-STATE-ZIP	MIAMI, FL 33169	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Maria D. Perez	D
STREET ADDRESS	7360 SW 15 ST	
CITY-STATE-ZIP	MIAMI, FL 33144	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Dr. Cynthia Davis	D
STREET ADDRESS	11300 N.E. 2 Street	
CITY-STATE-ZIP	MIAMI, FL 33161	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Ms. Aggie Jones	D
STREET ADDRESS	1380 NW 203 ST	
CITY-STATE-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

YVONNE L HoustON

4-23-01 (305) 899-3292

Date Daytime Phone #

CR2E037 (10/00)