


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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90141 008 ****61.25

DOCUMENT # N01000001996

1. Entity Name
LOUINES LOUINIS HAITIAN DANCE THEATER, INC.



Principal Place of Business
**9310 NW 10TH STREET
PEMBROKE PINES FL 33024**

Mailing Address
**9310 NW 10TH STREET
PEMBROKE PINES FL 33024**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BOX, ANTHONY
16 NW 42 TERRACE
PLANTATION FL 33316

7. Name and Address of New Registered Agent *-New address*

Name **Box, Anthony**
Street Address (P.O. Box Number is Not Acceptable)
1851 NW 107 Ave
City **Plantation** FL Zip Code **33322**

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 _____ (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	VDD	<input type="checkbox"/> Delete
NAME	LOUINES, LOUINES	
STREET ADDRESS	9310 NW 10TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	LOUINES, LUCRECE	
STREET ADDRESS	9310 NW 10TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOUINES, MIMOSE	
STREET ADDRESS	1141 NE 13 ST APT 1	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **4/15/03** **305-375-5501**

CR2E037 (10/02)