


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