

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 043 ****61.25

DOCUMENT # **NO1000005466**

1. Entity Name

Illusions Dance, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9122 NW 44th Ct

Suite, Apt. #, etc.

3. Mailing Address

9122 NW 44th Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL

City & State

Sunrise, FL

4. FEI Number

65-1159179

Applied For

Not Applicable

Zip

33351

Country

Broward

Zip

33351

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Bernadette Costanzo

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

OAK TREE COUNTRY CLUB

2400 W Prospect Rd

City

FORT LAUDERDALE

FL

Zip Code

33309

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

**FEE IS \$61.25
Initial or Amended UBR**

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 **D/P**
NAME **Bernadette Costanzo**
STREET ADDRESS **9122 NW 44th Ct**
CITY-ST-ZIP **Sunrise, FL 33351**

TITLE **DVP**
NAME **Hillary A. Keyes**
STREET ADDRESS **5700 NW 2nd Ave #510**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **DSIT**
NAME **Denise Jusing**
STREET ADDRESS **11410 NW 35th St**
CITY-ST-ZIP **Sunrise, FL 33309**

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE: **Bernadette Costanzo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

Daytime Phone #

CR2E037B (12/01)