

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90919 025 ****61.25

DOCUMENT # N02000001364

1. Entity Name
DUENDE BALLET ESPANOL, INC.



Principal Place of Business
**12209 SW 14TH LANE #1402
MIAMI FL 33184**

Mailing Address
**12209 SW 14TH LANE #1402
MIAMI FL 33184**

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
04-3612202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEISCHNER-BUCHMAN, ROSA MERCEDES
12209 SW 14TH LANE #1402
MIAMI FL 33184**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **MARRERO, CARMEN**
STREET ADDRESS **8840 SW 60TH ST**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **VIGNAU, BEATRIZ**
STREET ADDRESS **3451 SW 1ST AVE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Delete
NAME **NOVOA, LORIANA M ED.D**
STREET ADDRESS **8806 SW 150TH PLACE CIRCLE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☒ Addition
NAME **JEFFREY BUCHMAN**
STREET ADDRESS **12209 SW 14th Lane #1402**
CITY-ST-ZIP **MIAMI, FL 33184**

TITLE **DS** ☐ Delete
NAME **PERRONE, JOETTE**
STREET ADDRESS **5600 SW 84 TERRACE**
CITY-ST-ZIP **MIAMI FL 33141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JEFFREY BUCHMAN

4/8/03

305-345-8740

CR2E037 (10/02)