

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

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90075 034 ****61.50

DOCUMENT # N02000001970

1. Entity Name

Museum Of Dance Arts, Incorporated



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3775 40th Ln. S. S.

3. Mailing Address

3775 40th Ln. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. 76, Ste. I

Bldg. 76, Ste. I

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

Country

33711-5201

USA

Zip

Country

33711-5201

USA

4. FEI Number

59-358432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael Kolb

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

3774 40th Ln. S. Bldg. 76, Ste. I

City

St. Petersburg,

FL

Zip Code

33711

**DO NOT WRITE
IN THIS SPACE**

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

3/19/04

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kolb, Michael 3775 40th Ln., S. Bldg. 76-I St. Petersburg, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Spinney, Maureena 9025 Thamesmeade Rd., Apt. H Laurel, MD 20723
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Serrano, Michael 382 Central Park West, Apt. 7X New York, NY 10025
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04 727.864.3301

CR2E037B (12/02)