FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90187 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N02000004244**

1. Entity Name

BALLET PANAMA ESPECTACULAR, INC.

90135854

2. Principal Place of Business	3. Mailing Address
8448 N.W. 196TH TERRACE MIAMI, FL 33015	8448 N.W. 196TH TERRACE MIAMI, FL 33015
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: US	Zip / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 421538487 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

SANCHEZ, DALILA
8448 N.W. 196TH TERRACE
MIAMI, FL 33015

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
D2W

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May 1 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	SANCHEZ, DALILA	NAME	
STREET ADDRESS	8448 N.W. 196TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	AROSEMENA, EDGAR GENERAL	NAME	
STREET ADDRESS	8448 N.W. 196TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	VILLARREAL, DIORIS	NAME	
STREET ADDRESS	8448 N.W. 196TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	RIVERA, JERKIER	NAME	
STREET ADDRESS	8448 N.W. 196TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on attachment with an asterisk, with all other like empowered.

SIGNATURE: [signature] 305-6097997
Date Daytime Phone #