

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10200

1. Entity Name

MARY STREET DANCE THEATRE, INC.

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90003 035 \*\*\*\*61.25

Principal Place of Business

% KYLE R SAXON  
1700 ALFRED I DUPONT BLDG  
MIAMI FL 33131

Mailing Address

% KYLE R SAXON  
1700 ALFRED I DUPONT BLDG  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2637074

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAXON, KYLE R  
1700 ALFRED I DUPONT BLDG  
MIAMI FL 33131

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.

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  
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ANDREE, DALE  
STREET ADDRESS 6820 SW 65 AVE  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME BRISTOL, ELLEN  
STREET ADDRESS 20 ISLAND AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33139

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME ATAIE, SHAHREYAR  
STREET ADDRESS 11651 W BISCAYNE CANAL ROAD  
CITY-ST-ZIP MIAMI FL 33161

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME SAXON, KYLE R  
STREET ADDRESS 1700 A. I. DUPONT BLDG.  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME ALONSO, DIEGO  
STREET ADDRESS 2159 CORAL WAY  
CITY-ST-ZIP MIAMI FL 33145

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME ALONSO, ASELA  
STREET ADDRESS 1803 PONCE DE LEON BOULEVARD  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Kyle R Saxon* RECK KYLE R. SAXON

7/28/00

305-371-9575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)