

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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90073 011 \*\*\*\*61.25

**DOCUMENT # N10200**

1. Entity Name

**MARY STREET DANCE THEATRE, INC.**



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

Suite, Apt. #, etc.  
**6820 S.W. 65 AVE**

City & State  
**MIAMI, FL**

Zip  
**33143**

Country

3. Mailing Address

Suite, Apt. #, etc.  
**6820 SW 65 AVE.**

City & State  
**MIAMI, FL**

Zip  
**33143**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2637074**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

TITLE **T** ☐ Delete  
NAME **SAXON, KYLE R**  
STREET ADDRESS **1700 A. I. DUPONT BLDG. 6820 S.W. 65 AVE.**  
CITY-ST-ZIP **MIAMI FL MIAMI, FL 33143**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: **KYLE R. SAXON, TREASURER**

**3/31/03**

**305-371-9575**

CR2E037 (10/02)