

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90214 025 \*\*\*\*70.00

**DOCUMENT # N16398**

1. Entity Name

**WILLYS GAINES DANCE THEATRE SCHOOL, INC.**

Principal Place of Business

14640 MONROE ST  
 MIAMI FL 33176  
 US

Mailing Address

14640 MONROE ST  
 RICHMOND HEIGHTS FL 33176  
 US

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

65-0627226

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAINES, WILLYS ANN  
 14640 MONROE ST  
 MIAMI FL 33176

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

*Willys Ann Gaines*

WILLYS ANN GAINES

Jan. 15, 2001

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PDTD	GAINES, WILLYS A	14640 MONROE ST.	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VDD	CRANBERRY, DORIS J	16505 SW 103 COURT	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CDD	MCMILLAN, NADINE	16631 SW 104TH AVE	MIAMI FL 33157	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TTST	DANIELS, RUTHIE	11005 SW 157 TERR	MIAMI FL 33157	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
M	THOMAS, TONI J	1392 SW 90TH AVE #00108	MIAMI FL 33176	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	BELL-ALEXANDER, DARLENE Y	17452 S.W. 104 AVE	PERINE FL 33157	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Willys Ann Gaines* Ann Gaines 01-15-01 305-238-9662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)