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

DOCUMENT # N16398

1. Entity Name

WILLYS GAINES DANCE THEATRE SCHOOL, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90066 025 ****70.00

				WE THE					
-	ce of Business	Mailing Addre							
MIAMI FL 33176 , RIC			14640 MONROE ST RICHMOND HEIGHTS FL 33176			المعينية (مستعملية) بينوا أرامان	المستعيدية	and the same of th	- '-
	المستند والما فالمستقل للمستدي المستندي	. 00			1 1001/103 001 1	ala b il ah inib ibiah isin bibil		3) 1)8) 31	
2. Principal F	Place of Business	3. Mailing Add	ress						
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State			4. FEI Number 65-0627226 Applied For Not Applicable			
Zip Country Z		Zip	ip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				ł
6. Name and Address of Current Register					7. Name and Add	ress of New Registers	<u> </u>		ł
		<u> </u>	'	Name	7. Name and Add	ness of five fregistere	na Agont		l
GAINES, WILLYS ANN 14640 MONROE ST				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL					= • ·				1
`.e				City		F	Zip Cod	le	
8. The above	named entity submits this statement f	or the purpose of ch	nanging its reg	ristered office or reg	istered agent, or both, in	the State of Florida. I a	ım familiar with,	and accept	
the obligat	tions of registered agent.			_	,				
SIĞNATURE	Willeys-Anne	FATHES	· · · · · · · · //	ious Au	James -	1/	17/03		
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable.	(NOTE: Re	gistered agent signature red	quired when reinstating)	DATI	<u>72</u> .		
		1							
FILE NOW: FEE IS \$61.25			ection Campa	• • —	\$5.00 May Be	Make Che	eck Payable	to	
	· · · · · · · · · · · · · · · · · · ·	Tr	ust Fund Cont	ribution.	Added to Fees	Florida Dep	artment of S	State	ĺ
10.	OFFICERS AND DI	RECTORS		11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	110	ł
TITLE	PDTD		Delete	TITLE			☐ Change	Addition	٤
NAME	GAINES, WILLYS A			NAME					2
STREET ADDRESS	14640 MONROE ST.			STREET ADDRESS					5
CITY-ST-ZIP	MIAMI FL VDD			CITY-ST-ZIP					L C
TITLE NAME	CRANBERRY, DORIS J	LJ (Delete	TITLE NAME			☐ Change	☐ Addition	5
STREET ADDRESS	16505 SW 103 COURT			STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP				İ	
TITLE	CDD)elete	TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME	MCMILLAN, NADINE		ľ	NAME					ı
STREET ADDRESS	16631 SW 104TH AVE		ł	STREET ADDRESS				ļ	
CITY-ST-ZIP	MIAMI FL 33157 TTST		-	CITY-ST-ZIP					
NAME	DANIELS, RUTHIE		Telete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	11005 SW 157 TERR		i	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33157		ı	CITY-ST-ZIP				1	l
TITLE	M		elete	TITLE			☐ Change	Addition	1
NAME	THOMAS, TONI J			NAME					
STREET ADDRESS	1392 SW 90TH AVE #00108		ŀ	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP					
TITLE	S RELLATEVANDED DADIENE V		elete	TITLE			☐ Change	Addition .	
NAME Street Address	BELL-ALEXANDER, DARLENE Y 17452 S.W. 104 AVE			NAME STREET ADDRESS					
CITY-ST-ZIP	PERINE FL 33157			CITY-ST-ZIP					
12 I boroby o	portify that the information cumulind with	Albin filling along and	annalifi da a di c		0				

12. I nereby 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:

CHARLES MACIELLY EW, LLYS AND GAINES

1/17/03

305-238-9662