

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17197

1. Entity Name

FORT LAUDERDALE BALLET CLASSIQUE, INC.

FILED
May 09, 2001 8:00 am
Secretary of State

05-09-2001 90004 033 ****61.25

0092045

Principal Place of Business

Mailing Address

% MAGDA AUNON
508 NORTHEAST 43RD STREET
OAKLAND PARK FL 33334

% MAGDA AUNON
508 NORTHEAST 43RD STREET
OAKLAND PARK FL 33334

838010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2784027

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

AUNON, MAGDA
508 NORTHEAST 43RD STREET
OAKLAND PARK FL 33334

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

Magda Aunon Magda Aunon, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/01 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 PD
NAME AUNON, MAGDA
STREET ADDRESS 508 N.E. 43RD STREET
CITY-ST-ZIP OAKLAND PARK FL ☐ Delete

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

TITLE TD
NAME GROSCH, MARY
STREET ADDRESS 508 N.E. 43RD STREET
CITY-ST-ZIP OAKLAND PARK FL ☒ Delete

TITLE TD
NAME LAURIE GROSS
STREET ADDRESS 508 NE 43RD STREET
CITY-ST-ZIP OAKLAND PARK, FL 33334 ☐ Change ☒ Addition

TITLE SD
NAME BURKS, VALERIE
STREET ADDRESS 508 NE 43RD ST.
CITY-ST-ZIP OAKLAND PARK FL 33334 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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 another like empowered.

SIGNATURE:

Valerie Burks VALERIE BURKS, SECRETARY

Date

Daytime Phone #

4/27/01 (954) 227-2160

CR2E037 (10/00)