

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

DOCUMENT # **N17197**

1. Entity Name

FORT LAUDERDALE BALLET CLASSIQUE, INC.



**FILED
May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90284 016 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **50-2784027**

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

Name

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

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
AUNON, MAGDA
508 N.E. 43RD STREET
OAKLAND PARK FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
SUSAN JOSLYN
508 NE 43RD ST
OAKLAND PARK, FL 33334

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
GROSS, LAURIE
508 N.E. 43RD STREET
OAKLAND PARK FL 33334

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
VALERIE BURKS
508 NE 43RD ST
OAKLAND PARK, FL 33334

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
BURKS, VALERIE
508 NE 43RD ST.
OAKLAND PARK FL 33334

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
KATHY CLARKSON
508 NE 43RD ST
OAKLAND PARK, FL 33334

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TERRI ETTLINGER
508 NE 43RD ST
OAKLAND PARK, FL 33334

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TERRI ETTLINGER
508 NE 43RD ST
OAKLAND PARK, FL 33334

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TERRI ETTLINGER
508 NE 43RD ST
OAKLAND PARK, FL 33334

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TERRI ETTLINGER
508 NE 43RD ST
OAKLAND PARK, FL 33334

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TERRI ETTLINGER
508 NE 43RD ST
OAKLAND PARK, FL 33334

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TERRI ETTLINGER
508 NE 43RD ST
OAKLAND PARK, FL 33334

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TERRI ETTLINGER
508 NE 43RD ST
OAKLAND PARK, FL 33334

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TERRI ETTLINGER
508 NE 43RD ST
OAKLAND PARK, FL 33334

Change Addition

SIGNATURE:

DOCUMENTS REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Daytime Phone #

2. 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.

CR2037 (10/02)