

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

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

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

DOCUMENT # N17197

1. Entity Name
FORT LAUDERDALE BALLET CLASSIQUE, INC.



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 **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. 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	<input type="checkbox"/> Delete
NAME	AUNON, MAGDA	
STREET ADDRESS	508 N.E. 43RD STREET	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GROSS, LAURIE	
STREET ADDRESS	508 N.E. 43RD STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURKS, VALERIE	
STREET ADDRESS	508 NE 43RD ST.	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN JOSLYN	
STREET ADDRESS	508 NE 43RD ST	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALERIE BURKS	
STREET ADDRESS	508 NE 43RD ST	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY CLARKSON	
STREET ADDRESS	508 NE 43RD ST	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRI ETTLINGER	
STREET ADDRESS	508 NE 43RD ST	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-03

CR2E037 (10/02)