

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90315 023 \*\*\*\*61.25

**DOCUMENT #** N18255  
**1. Entity Name**  
 Florida International Ballet Co, Inc

**Principal Place of Business**      **Mailing Address**  
 1360 Coral Way Suite 29      63 SW 31 Road  
 Miami, Florida 33155      Miami, Florida 33129

**Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Zip      Country      Zip      Country

**4. FEI Number**  
 59-2788348      **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**  
 GARCIA-TURINO, ROLANDO  
 1041 N.W. 32nd PL  
 Miami, Florida 33125

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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**      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**OFFICERS AND DIRECTORS**

PD TOBIO, VIVIAN 63 S.W. 31 Road Miami, FL 33129	<input type="checkbox"/> Delete
VD SAINZ, VIVIEN 63 S.W. 31 Road Miami, FL 33129	<input type="checkbox"/> Delete
S/T/D SAINZ, JORGE 262 Desoto Drive Miami, FL 33129	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Vivian Tobio* Vivian Tobio PD      3/22/2000      (305) 854-4605

CR2E037 (9/99)