

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18255

1. Entity Name

FLORIDA INTERNATIONAL BALLET COMPANY, INC.

Principal Place of Business

Mailing Address

7360 Coral Way Suite 29
Miami, Florida 33155

63 SW 31 Road
Miami, Florida 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

50-2788348

Applied For

Not Applicable

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

Garcia-Turino, Rolando
1041 N.W. 32 PL
Miami, Florida 33125

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEES \$81.25**

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
NAME PD ☐ Delete
STREET ADDRESS TOBIO, VIVIAN
CITY-ST-ZIP 63 SW 31 Road
Miami, Florida 33129

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

TITLE
NAME VD ☐ Delete
STREET ADDRESS SAINZ, VIVIEN
CITY-ST-ZIP 63 SW 31 Road
Miami, Florida 33129

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

TITLE
NAME S/T/D ☐ Delete
STREET ADDRESS SAINZ, JORGE
CITY-ST-ZIP 262 Desoto Drive
Miami, Florida 33129

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

[Signature]

Vivian Tobio, PD

617 (2001) (205) 8511 4605

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90013 046 ****61.25

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DO NOT WRITE IN THIS SPACE