

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31993

1. Entity Name

KLEIN DANCE, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90005 004 ****70.00

Principal Place of Business

Mailing Address

811 LAKE AVENUE
LAKE WORTH FL 33460
US

811 LAKE AVENUE
LAKE WORTH FL 33460-3706
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0114024

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

KLEIN, DEMETRIUS A
811 LAKE AVE
LAKE WORTH FL 33460

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:
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 D ☐ Delete
NAME KLEIN, DEMETRIUS A.
STREET ADDRESS 833 VALLEY FORGE RD
CITY-ST-ZIP W PALM BCH FL 33405

TITLE P ☐ Change ☒ Addition
NAME Lauren Mathers
STREET ADDRESS 19067 SE Hillcrest Dr
CITY-ST-ZIP Tequesta, FL 33469

TITLE D ☐ Delete
NAME JOHNSON-KLEIN, KATHLEEN
STREET ADDRESS 833 VALLEY FORGE RD
CITY-ST-ZIP W PALM BCH FL 33405

TITLE D ☐ Change ☒ Addition
NAME Mark Lynch
STREET ADDRESS P.O. BOX 1007
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE D ☒ Delete
NAME PINCISS, BARRY
STREET ADDRESS P.O. BOX 1053
CITY-ST-ZIP DEERFIELD BEACH FL 33443

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

TITLE C ☐ Delete
NAME JOANNE WARSHAVER
STREET ADDRESS 1 NORTH BREAKERS ROW
CITY-ST-ZIP PALM BEACH FL

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

TITLE D ☒ Delete
NAME FARVER, MICHAEL
STREET ADDRESS 1080 W TROPICAL WAY
CITY-ST-ZIP PLANTATION FL

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

TITLE D ☒ Delete
NAME LISA CAREY
STREET ADDRESS 218 WESTMINSTER ROAD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)