

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32274

1. Entity Name

BROWARD CENTER OF DANCE AND THEATRE ARTS, INC.

Principal Place of Business

5450 STATE RD 7
HOLLYWOOD FL 33314
US

Mailing Address

4730 SW 43 TERR
FT LAUDERDALE FL 33314-4737
US

2. Principal Place of Business

3. Mailing Address

5362 S.W. 33 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT. LAUDERDALE - FL

Zip

Country

Zip
33312-5578

Country

U.S.A.

4. - FEI Number

65-0127001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TABACCO, JACKIE
4730 SW 43 TERR
FT LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5362 S.W. 33 AVE.

City

FT. LAUDERDALE

FL

Zip Code

33312-5578

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

TITLE D ☐ Delete
NAME TABACCO, JACKIE
STREET ADDRESS 4730 SW 43 TERR
CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE P ☐ Delete
NAME BRAVERMAN, REBECCA
STREET ADDRESS 3809 N 41 AVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE V. ☐ Delete
NAME SEBER, CRISTINA
STREET ADDRESS 5430 N 37 ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ Delete
NAME CURRAN, JOAN
STREET ADDRESS 3133 SW 58 PL.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE S ☐ Delete
NAME MILLER, GAY A
STREET ADDRESS 3831 SW 56 ST
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE T ☐ Delete
NAME MYSCICH, MARY J
STREET ADDRESS 4731 SW 43 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33314

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR / PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 1ST VICE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 2ND VICE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

SIGNATURE REQUIRED - ANE MYSCICH

Date

Daytime Phone #

1/17/00 954-792-2867

CR2E037 (9/99)