

2002 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
FT LAUDERDALE FL 33314
US

Mailing Address

5450 STATE RD 7
FT LAUDERDALE FL 33314
US

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 65-0127001

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

TABACCO, JACKIE
3820 SW 53 COURT
FORT LAUDERDALE FL 33312

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

Jackie Tabacco

4/9/02

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 DP
NAME TABACCO, JACKIE
STREET ADDRESS 3820 SW 53 CT
CITY-ST-ZIP FT. LAUDERDALE FL 33314 ☐ Delete

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

TITLE 1VPD
NAME BRAVERMAN, REBECCA
STREET ADDRESS 3809 N 41 AVE
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

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

TITLE 2VPD
NAME SEBER, CRISTINA
STREET ADDRESS 5430 N 37 ST
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS 5337 SW 32 Way
CITY-ST-ZIP Ft. Lauderdale, FL 33312 ☒ Change ☐ Addition

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

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

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

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

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

TITLE
NAME Director of Children's Program
STREET ADDRESS Thompson, Cristine
CITY-ST-ZIP 3734 W. Citrus Trace
Davie, FL 33316 ☐ Change ☒ Addition

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 another like empowered.

SIGNATURE:

Rebecca Braverman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

Daytime Phone #

954-961-6678

CR2E037 (9/01)