

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90039 009 \*\*\*\*61.25

**DOCUMENT # N33627**

1. Entity Name

**DANCEARTS FOUNDATION, INC.**

Principal Place of Business

441 N HIBISCUS DR 4  
 MIAMI FL 33139  
 US

Mailing Address

441 N HIBISCUS DR 4  
 MIAMI FL 33139  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0139010**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEIDEL, ANDREA M DR.**  
**441 N HIBISCUS DR 4**  
**MIAMI FL 33139**

7. Name and Address of New Registered Agent

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

TITLE **ED**  Delete  
 NAME **CAMEON, RANDI M**  
 STREET ADDRESS **1900 SUNSET HARBOUR DR 1807**  
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D**  Delete  
 NAME **MANSFIELD, TASHA**  
 STREET ADDRESS **7966 SW 86 TERR**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **T**  Delete  
 NAME **LEWIS, DANIEL**  
 STREET ADDRESS **DANCE DIV NWSA 300 NE 2ND AVE**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **T**  Delete  
 NAME **LEWIS, DANIEL**  
 STREET ADDRESS **DANCE DIV., NWSA 300 NE 2ND AVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **S**  Delete  
 NAME **BAXTER, DEBRA**  
 STREET ADDRESS **800 LENOX AVE APT 1**  
 CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

*Andrea M Seidel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)