

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90101 030 ****61.25

DOCUMENT # N94000002537

1. Entity Name

CHILDREN'S MUSICAL THEATRE, INC.

Principal Place of Business

Mailing Address

900 NORTHEAST 12TH AVENUE
#601
HALLANDALE FL 33009

900 NORTHEAST 12TH AVENUE
#601
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

900 N.E. 12TH AVE
Suite, Apt. #, etc.
301

900 N.E. 12TH AVE
Suite, Apt. #, etc.
301

City & State
Hallandale, Florida

City & State
Hallandale, Florida

Zip 33009 Country USA

Zip 33009 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0547492

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

FUKS, LYUDMILA
900 NORTHEAST 12TH AVENUE
#601
HALLANDALE FL 33009

Name LYUDMILA FUKS

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

900 N.E. 12TH AVE, # 301

City Hallandale, Florida FL

Zip Code 33009

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 Lyudmila FUKS LYUDMILA FUKS

1/29/01

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 NAME STREET ADDRESS CITY-ST-ZIP | PD FUKS, LYUDMILA 900 N.E. 12TH AVE., #601 HALLANDALE FL 33009 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FONTECILLA, FLORIENCIO 11333 SW 55TH ST COOPER CITY FL 33330 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RIVERA, LUIS 2406 N 28TH ST HOLLYWOOD FL 33020 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SZYFTER, JOLANTA SARIS 1535 MADISON ST HOLLYWOOD FL 33020 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Lyudmila FUKS LYUDMILA FUKS 1/29/01 (954) 964-8884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)