

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000002386**1. Entity Name  
**MAXIMUM DANCE COMPANY**

Principal Place of Business 9210 S.W. 158 LN. SECOND FLOOR MIAMI 33157 FL	Mailing Address 9210 S.W. 158 LN. SECOND FLOOR MIAMI 33157 FL
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2. Principal Place of Business 9210 S.W. 158 LANE	3. Mailing Address 9210 S.W. 158 LANE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33157	Country	Zip 33157	Country
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4. FEI Number <b>65-0753940</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  PIKERIS YANIS 9210 S.W. 158 LN. SECOND FLOOR MIAMI 33157 FL	7. Name and Address of New Registered Agent  Name PIKERIS YANIS Street Address (P.O. Box Number is Not Acceptable) 9210 S.W. 158 LANE  City MIAMI FL Zip Code 33157
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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 **YANIS PIKERIS****02/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTIENSEN CAROL 10125 SW 131 TER MIAMI FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAGAR KIRK 3250 MARY STREET SUITE 207 MIAMI FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINBERG M 2907 SEMINOLE ST MIAMI FL 32133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS D 2907 SEMINOLE ST MIAMI FL 32133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENCIA MARIELENA 14761 S.W. 84TH CT. MIAMI FL 33158	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER DAVID 2020 INDIANA ST. VALLEJO CA 94590	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER DAVID 8301 SW 156 STREET MIAMI FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIKERIS YANIS 14761 S.W. 84TH CT. MIAMI FL 33158	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIKERIS YANIS 14761 S.W. 84TH CT. MIAMI FL 33158	<input checked="" 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)(f), 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: DENNIS EDWARDS****P****02/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)

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**LAURA K. WRIGHT, DIRECTOR**  
**5898 SW 96 STREET**

**MIAMI, FL 33156-2054**

**DR. JULES OAKLANDER, DIRECTOR**  
**838 NW 183 STREET**

**MIAMI, FL 33169**

**SUZANNE P. MINNIS, DIRECTOR**  
**1600 SOUTH BAYSHORE LANE #7C**

**COCONUT GROVE, FL 33133**

**MAGGIE LEON-CARMENATE, DIRECTOR**  
**595 BILTMORE WAY**

**CORAL GABLES, FL 33134**

**DR. ROBERT STAHR HOSMON, DIRECTOR**  
**3071 OAK AVENUE**

**COCONUT GROVE, FL 33133**

**MARILYN D. GREENBLATT, DIRECTOR**  
**156 ALMERIA AVENUE SUITE 203**

**CORAL GABLES, FL 33134**

**ELIZABETH GREEN, DIRECTOR**  
**5745 SW 91 STREET**

**MIAMI, FL 33156**

**SUSAN L. GORDON, DIRECTOR**  
**8960 SW 87 COURT #14**

**MIAMI, FL 33176**

**MARIA CANDELARIA-SMITH, DIRECTOR**  
**346 GULF ROAD**

**KEY BISCAYNE, FL 33149**

**CHRISTI KOCHIFOS CACERES, DIRECTOR**  
**3301 NE 5 AVENUE #410**

**MIAMI, FL 33147**

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**J.D. BRUCE WILSON, VICE PRESIDENT  
4330 LENNOX DRIVE**

**MIAMI, FL 33133-6723**

**SUZANNE P. MINNIS, DIRECTOR  
1600 SOUTH BAYSHORE LANE #7C**

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