

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000005086**

1. Entity Name

IROKO DANCE & PERFORMANCE CENTER, INC.**FILED**
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90077 002 ****61.25

Principal Place of Business

Mailing Address

1860 A WEST AVE
SUITE #230
MIAMI BEACH FL 33141
USPO BOX 402504
MIAMI BEACH FL 33140-0504
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

65-0784723

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

ISAZA, PATRICIA
4925 COLLINS AVENUE #7F
MIAMI BEACH FL 33140

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 \$61.259. 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 PD
STREET ADDRESS GARCIA, ELENA
CITY-ST-ZIP 1980 WEST BAY DR. #8
MIAMI BEACH FL 33141 ☐ DeleteTITLE
NAME D VIVIAN MARTELL ☐ Change ☐ Addition
STREET ADDRESS 1185 SW 6th ST
CITY-ST-ZIP Miami FL 33130TITLE
NAME VPTD
STREET ADDRESS ZOLIN, FLORENCE
CITY-ST-ZIP 1361 MERIDIAN AVENUE #9
MIAMI FL 33139 ☐ DeleteTITLE
NAME D OPHELIA STERN ☐ Change ☒ Addition
STREET ADDRESS 11930 N. BAYSHORE DRIVE
CITY-ST-ZIP Miami, FL 33181TITLE
NAME TD
STREET ADDRESS DEWINDT, DIANNE
CITY-ST-ZIP 9655 E. BAY HARBOR DR. #4F
MIAMI FL 33154 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME SD
STREET ADDRESS SATTIOU, CHARLES
CITY-ST-ZIP 724 NE 82 ST
MIAMI FL 33140 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME D
STREET ADDRESS MULET, ONEL
CITY-ST-ZIP 1980 WEST BAY DR. #8
MIAMI BEACH FL 33141 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME D
STREET ADDRESS SUAREZ DE JESUS, CARLOS
CITY-ST-ZIP 1185 SW 6TH STREET
MIAMI FL 33130 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELENA GARCIA

4/27/00

(305) 861-7855

Date

Daytime Phone #

CR2E037 (9/99)