2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90046 016 ****61.25

DOCUMENT # N97000006025

1. Entity Name

ARTS BALLET THEATRE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
19048 NE 29TH AVENUE AVENTURA FL 33180	19048 N E 29TH AVE AVENTURA FL 33180 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2646 NE - 189 TER	2646 NE - 189 TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FL	City & State: MIAMI - FL
Zip: 33180 Country:	Zip: 33180 Country:

4. FEI Number 65-0804935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARMEGGIANI, MARITZA
19048 NE 29TH AVENUE
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name: RUBY ISSAEV

Street Address (P.O. Box Number is Not Acceptable): 2646 NE - 189 TERRACE

City: MIAMI **FL** Zip Code: 33180

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] 1-25-01

Signature, type 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 PARMEGGIANI, MARITZA 19048 NE 29TH AVENUE AVENTURA FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARMEGGIANI, MARITZA 2646 NE - 189 TER MIAMI - FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ALLEN, NINA 19048 NE 29TH AVENUE AVENTURA FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ALLEN, NINA 2646 NE - 189 TER MIAMI - FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEITMAN, RAY 19048 NE 29TH AVENUE AVENTURA FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEITMAN, RAY 2646 NE - 189 TER MIAMI, FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD RUBY ISSAEV 2646 NE - 189 TERRACE MIAMI, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD RUBY ISSAEV 2646 NE - 189 TER MIAMI - FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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] RUBY ISSAEV 1-25-01 3059353232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #