

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

0047041

06-04-2001 90013 008 ****61.25

DOCUMENT # N99000000653

1. Entity Name

MILLENNIUM DANCE SYNDICATE, INC.

Principal Place of Business

Mailing Address

2240 SW 70TH AVE.
 UNIT A
 DAVIE FL 33317

2240 SW 70TH AVE.
 UNIT A
 DAVIE FL 33317

H005309Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0891970

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

RYEL, PATRICK
924 N.E. 17TH TERRACE
#9
FT. LAUDERDALE FL 33304-4468

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.

(NOT) 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	PD	<input type="checkbox"/> Delete
NAME	FRIDRICOVA, PATRICIA	
STREET ADDRESS	5162 PALM RIDGE BOULEVARD	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARRETT, JOANNE	
STREET ADDRESS	10 SAN SEBASTIAN AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33403	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURRITT, WAYNE	
STREET ADDRESS	810 LAKESHORE DR. #29	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RYEL, PATRICK	
STREET ADDRESS	924 NE 17TH TERRACE #9	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304-4468	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Treasurer 5-28-01 561-842-2664

CR2E037 (10/00)