

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000653

1. Entity Name

MILLENNIUM DANCE SYNDICATE, INC.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90086 027 ****61.25

80041374



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2240 SW 70TH AVE.
UNIT A
DAVIE FL 33317

Mailing Address

2240 SW 70TH AVE.
UNIT A
DAVIE FL 33317

2. Principal Place of Business

924 NE 17th Terrace #9

Suite, Apt. #, etc.

3. Mailing Address

924 NE 17th Terrace

Suite, Apt. #, etc.

#9

City & State

Ft. Lauderdale, FL

Zip

33304

Country

City & State

Ft. Lauderdale, FL

Zip

33304

Country

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

RYEL, PATRICK

924 N.E. 17TH TERRACE

#9

FT. LAUDERDALE FL 33304-4468

7. Name and Address of New Registered Agent

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

Patrick Ryel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-2002

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIDRICHOVA, PATRICIA	
STREET ADDRESS	5162 PALM RIDGE BOULEVARD	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VD	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca CANNAN	
STREET ADDRESS	6503 N. Military Trail #1810	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian KUENDEL	
STREET ADDRESS	3777 NW 78th Ave. #15G	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kristin O'NEAL	
STREET ADDRESS	924 NE 17th Terrace #9	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Patricia Fridrichova

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-21-02 561/657-4234

CR2E037 (9/01)