

2001 UNIFORM BUSINESS REPORT (UBR)

5/4/1

FILED
May 30, 2001 8:00 am
Secretary of State

05-04-2001 90031 009 ****61.25

DOCUMENT # N99000002196

1. Entity Name

LIQUID MOTION DANCE COMPANY, INC.

Principal Place of Business

1838 N. NOB HILL RD.
 PLANTATION FL 33322

Mailing Address

1838 N. NOB HILL RD.
 PLANTATION FL 33322

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0921969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MARK, LISA
1838 N. NOB HILL RD.
PLANTATION FL 33322

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
MARK, LISA
1838 N. NOB HILL RD.
PLANTATION FL 33322

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
PERLMAN, ADRIAN
1838 N. NOB HILL RD.
PLANTATION FL 33322

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
SANDLER, KAREN
1838 N. NOB HILL RD.
PLANTATION FL 33322

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 CITY-ST-ZIP

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 CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ 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:

LISA MARK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)