

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # N99000003206

1. Entity Name

JUNIOR DANCE SPORT USA INC.

Principal Place of Business

398 N.E. 6TH AVE.
DELRAY BEACH FL 33483

Mailing Address

398 N.E. 6TH AVE.
DELRAY BEACH FL 33483-5517

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-092 5549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALONEY, CATIA
398 N.E. 6TH AVE.
DELRAY BEACH FL 33483

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

Please see attached

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

CATIA MALONEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-99

Date

Daytime Phone #

CR2E037 (9/99)

D# N99000003206

Addresses of Organizations Governing Body

Ashley Boe Pres.
12520 Oak Arbor ln.
Boynton Bch. Fla 33436

4101562

Tiki Fletcher Vice Pres.
5730 Grand Reserve Way
Naples , FL 34110

Brad Miller Secy. Treas.
1174 N.W. 13 st. #224-b
Boca Raton, Fl 33486

Debra Aquilano Director
701 E. Camino Real #3h
Palm Beach, Fl 33480

Kelly Flingos Director
1710 Stonehaven Dr. #1
Boynton Bch. , Fl 33486

Delores Gouvert Director
660 W. Linton Blvd. #202
Delray Bch. Fl. 33444

