

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90085 020 ****61.25

DOCUMENT # N99000003206

1. Entity Name

JUNIOR DANCE SPORT USA INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

12520 OAK ARBOR LN

12520 OAK ARBOR LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boynton FLA

City & State

City & State

33436

Boynton Bch, FL

Zip

Country

Zip

Country

USA

33436

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALONEY, CATIA

~~398 N.E. 6TH AVE.~~

~~DELRAY BEACH FL 33483~~

Name

MALONEY, CATIA

Street Address (P.O. Box Number is Not Acceptable)

12520 OAK ARBOR LN

City

Boynton Bch, FL

State

Zip Code

33436

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

Catia Maloney *Registered Agent*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-01

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	P	<input type="checkbox"/> Delete
NAME	BOE, ASHLEY	
STREET ADDRESS	12520 OAK ARBOR LN	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FLETCHER, TIKI	
STREET ADDRESS	5730 GRAND RESERVE WAY	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, BRAD	
STREET ADDRESS	1174 NW 13ST 224-B	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	AQUILANO, DEBRA	
STREET ADDRESS	701 E CAMINO REAL	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLINGOS, KELLY	
STREET ADDRESS	1710 STONEHAVEN DR 1	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOUVERT, DELORES	
STREET ADDRESS	660 W LINTON BLVD 202	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

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	
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	
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:

Debra Aquilano *Require Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

Daytime Phone #

(561) 499-6702

CR2E037 (10/00)