

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003206

1. Entity Name

JUNIOR DANCE SPORT USA INC.

Principal Place of Business

Mailing Address

OAK ARBOR LANE  
BOYNTON BEACH FL 33436

12520 OAK ARBOR LANE  
BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0935549

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

MALONEY, CATIA  
12520 OAK ARBOR LANE  
BOYNTON BEACH FL 33436

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME BOE, ASHLEY  
STREET ADDRESS 12520 OAK ARBOR IN  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME FLETCHER, TIKI  
STREET ADDRESS 5730 GRAND RESERVE WAY  
CITY-ST-ZIP NAPLES FL 34110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME MILLER, BRAD  
STREET ADDRESS 1174 NW 13ST 224-B  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME AQUILANO, DEBRA  
STREET ADDRESS 701 E CAMINO REAL  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME FLINGOS, KELLY  
STREET ADDRESS 1710 STONEHAVEN DR 1  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME GOUVERT, DELORES  
STREET ADDRESS 660 W LINTON BLVD 202  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE  
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:

1-10-02 499-6702

CR2E037 (9/01)