

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005343

1. Entity Name

DANCE AND BODY STUDIO, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90138 012 ****61.25

Principal Place of Business

Mailing Address

10370 WEST FLAGLER STREET
MIAMI FL 33174

~~10370 WEST FLAGLER STREET~~
~~MIAMI FL 33174-1746~~
11430 SW 34th Lane
Miami FL 33165

2. Principal Place of Business

3. Mailing Address

11430 SW 34 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Country

Zip
33165

Country

USA

4. FEI Number

65-0949758

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

7. Name and Address of New Registered Agent

GARCIA, MIDDALIA
11430 S.W. 34TH LANE
MIAMI FL 33165

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 ☐ Delete
NAME D
STREET ADDRESS GARCIA, MAGNOLIA
CITY-ST-ZIP 11430 S.W. 34TH LANE
MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GARCIA, MANUEL
CITY-ST-ZIP 11430 S.W. 34TH LANE
MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GARCIA, MIDDALIA
CITY-ST-ZIP 11430 S.W. 34TH LANE
MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 reports.

SIGNATURE: *Middalia Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000 305-223-0316
Date Daytime Phone #

CR2E037 (9/99)