

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90121 026 \*\*\*150.00

<b>DOCUMENT #</b>		<b>P00000032774</b>
<b>1. Entity Name</b>		
<b>H.W. SHAW'S DANCE WEARHOUSE CORPORATION</b>		
<b>Principal Place of Business</b>		<b>Mailing Address</b>
<b>5654 DAWSON ST.</b>		<b>5654 DAWSON ST.</b>
<b>HOLLYWOOD FL 33023</b>		<b>HOLLYWOOD FL 33023</b>

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-1000318	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent
SCHWARTZ, SHIRLEY 5654 DAWSON ST. HOLLYWOOD FL 33023

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="text-align: center;"><b>FL</b></div> <div>Zip Code</div>

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 Shirley Schwartz President 1/15/02  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

[illegible][illegible]

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Shirley Schwartz Pres 1/15/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)