

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90021 030 ***150.00

DOCUMENT # P00000098931

1. Entity Name
BOCA DANCE-OLGY, INC.

Principal Place of Business
**9273 RUTLEDGE AVE.
 BOCA RATON FL 33434**

Mailing Address
**9273 RUTLEDGE AVE.
 BOCA RATON FL 33434**

2. Principal Place of Business
7629 Courtyard Run West

3. Mailing Address
7629 Courtyard Run West

City & State
Boca Raton, FL

Zip
33433

Country
US

City & State
Boca Raton, FL

Zip
33433

Country
US

4. FEI Number
65-1065822

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

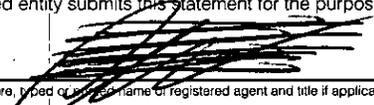
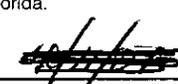
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABEL, LARRY S
 9050 PINES BLVD., #383
 PEMBROKE PINES FL 33024**

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  DATE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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**

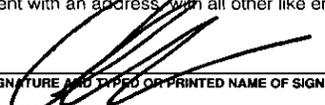
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALANDRA, ANITA 9273 RUTLEDGE AVE. BOCA RATON FL 33434	<input type="checkbox"/> Delete
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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

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:  DATE **4/11/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)