2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

7629 COURTYARD RUN WEST **BOCA RATON FL 33-4336**

P00000098931

1. Entity Name

BOCA DANCE-OLOGY, INC.



May 01, 2003 8:00 am Secretary of State 05-01-2003 90359 012 ***150.00

FILED

Principal Place of Business

Mailing Address

7629 COURTYARD RUN WEST

BOCA RATON FL 33-4336

2. Principal P	Jace of Business ASperwood Circle	3. Hailing Address	erwood	Cin		18 (868) (869 186 34	11181 1181 1891	
Suite, Apt. #, etc. Suite, Apt. #, etc.			e i waa	410	☐ CHECK HERE IF MAKIN	ng Changes		
City & State	"Creek, FL	Cocunt Cocunt	Creek, 1	7 4	65-1065822	No	plied For at Applicable	
3307	3 Gountry	33013	Country.	5	5. Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
ABEL, LARRY S			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
9050 PINES BLVD., #383								
PEMBROKE PINES FL 33024								
				City FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or re	gistered	agent, or both, in the State of Florida. I an	n familiar with,	and accept	
the obligat	ions or registered agent.							
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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE	701	ANDRA ANITA	Change	Addition	
NAME	CALANDRA, ANITA		NAME		ALLOCAL LINE	مراح	(0)	
STREET ADDRESS	9273 RUTLEDGE AVE. BOCA RATON FL 33434		STREET ADDRESS	JULI	ANDRA, ANITA 3 Asperwood Cir Snut Creek, FL3	207 D	(4)	
CITY-ST-ZIP	BUCA RATUN FL 33434			\mathcal{D}^{CC}	sill creek fes			
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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 607, 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:

REQUIRED SIGNATURE AND TYPE THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #