

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90476 022 \*\*\*150.00

**DOCUMENT # P01000069505**

1. Entity Name

**SALSA CENTRAL DANCE STUDIO, INC.**

Principal Place of Business

**GALERIA INTERNACIONAL  
 255 E FLAGLER ST STE 210  
 MIAMI BCH FL 33141**

Mailing Address

**GALERIA INTERNACIONAL  
 255 E FLAGLER ST STE 210  
 MIAMI BCH FL 33141**

2. Principal Place of Business

**GALERIA INTERNACIONAL**

3. Mailing Address

**N/A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**255 EAST FLAGLER ST 20**

City & State

City & State

**Miami FLORIDA**

Zip

Country

Zip

Country

**33131**

**USA**

4. FEI Number

**65-1133767**

Applied For

Not Applicable

5. Certificate of Status Desired

**N/A**

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TORRES, RICARDO**

**1239 MARSEILLES DR APT 107**

**MIAMI BCH FL 33141**

7. Name and Address of New Registered Agent

Name

**N/A**

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

**4-29-02**

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.

**N/A**

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TORRES, RICARDO</b>	
STREET ADDRESS	<b>1239 MARSEILLES DR APT 107</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33141</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>TORRES RICARDO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>255 EAST FLAGLER ST SUITE 210</b>	
STREET ADDRESS	<b>MIAMI FL 33131</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-02**

Date

Daytime Phone #

CR2E034 (9/01)