## 2002 Uniform Business Report (UBR)

## Apr 03, 2002 8:00 am Secretary of State P01000081292 DOCUMENT # 1. Entity Name KARIZMA DANCE ENTERPRISES, INC. 04-03-2002 90195 030 \*\*\*150.00 Principal Place of Business Mailing Address 1164 NW 75TH STREET 1164 NW 75TH STREET MIAMI FL 33150 MIAMI FL 33150 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAIN-REVELL, PRUCHELLE Street Address (P.O. Box Number is Not Acceptable) 1164 NW 75TH STREET **MIAMI FL 33150** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. % OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE Delete BAIN-REVELL, PRUCHELLE NAME NAME 1164 NW 75TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33150 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE X Delete TITLE PATTERSON, BETTY NAME NAME 7725 TAMUSHANTER BLVD STREET ADDRESS STREET ADDRESS NORTH LAUDERDALE:FL-33068 CITY-ST-7IP CITY-ST-ZIP\_ ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP