

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90224 024 ***150.00

0316572 AV

DOCUMENT # P01000098118

1. Entity Name

DYNASTY ACADEMY OF DANCE, INC.

Principal Place of Business

**4700 NW 15TH AVENUE
 FORT LAUDERDALE FL 33309**

Mailing Address

**4700 NW 15TH AVENUE
 FORT LAUDERDALE FL 33309**

2. Principal Place of Business

5440 W. SAMPLE ROAD

Suite, Apt. #, etc.

3. Mailing Address

5440 W. Sample Road

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE FL

4. FEI Number

65-1145426

Applied For

Not Applicable

Zip

33063

Country

US

Zip

33063

Country

US

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

6. Name and Address of Current Registered Agent

TOBIN & REYES, P.A.

7251 WEST PALMETTO PARK ROAD

SUITE 205

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DICUIA, EDWARD**
 CITY-ST-ZIP **4700 NW 15TH AVENUE
 FORT LAUDERDALE FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **DICUIA, EDWARD**
 CITY-ST-ZIP **3082 NW 72 Ave
 Margate FL 33063**

TITLE ☒ Change ☒ Addition
 NAME **V**
 STREET ADDRESS **JULIANO, Kimberly**
 CITY-ST-ZIP **9701 NW 2 St.
 Coral Springs FL 33071**

TITLE ☐ Change ☒ Addition
 NAME **V**
 STREET ADDRESS **BLOESER, JACK**
 CITY-ST-ZIP **2849 S OAKLAND FOREST DR #204
 OAKLAND PARK FL 33309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/02 954-972-6669

CP2E034 (9/01)