## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P01000100892 02-13-2002 90247 008 \*\*\*150.00 1. Entity Name ORIENTAL DANCE INCORPORATED Principal Place of Business BOCA VILLAGE SQUARE (#200) 15762 N.W. 7TH AVENUE, #62E 21218 ST. ANDREWS BOULEVARD NORTH MIAMI BEACH FL 33169 **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1158349 Not Applicable Zip \$8.75 Additional Zip Country Country 5.- Certificate of Status Desired ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHIMAMOTO, AYISHA M Street Address (P.O. Box Number is Not Acceptable) 15762 N.W. 7TH AVENUE, #62E "NORTH MIAMI BEACH EL 33169 City 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. 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. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSTD** CR2E034 (9/01) TITLE ☐ Delete TITLE SHIMAMOTO, AYISHA M NAME NAME 15762 N.W. 7TH AVENUE, #62E STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33169 CITY-ST-ZIP CITY-ST-7/P ☐ Defete TITLE ☐ Change ☐ Addition TITLE MAGDALENA, LADY M NAME NAME 15762 N.W. 7TH AVENUE, #62E STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33169 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY+ST-21P Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED