

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-03-2003 90466 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000023886

1. Entity Name
DANCE R US PRODUCTIONS CORP.



Principal Place of Business
**338 MINORCA AVENUE
CORAL GABLES FL 33134**

Mailing Address
**338 MINORCA AVENUE
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **01-0621250**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTERNATIONAL REGISTERED AGENTS CORP
338 MINORCA AVENUE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and state 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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____
NAME **DP AVANZINI, RALF** ☐ Delete
STREET ADDRESS **338 MINORCA AVENUE**
CITY-STATE-ZIP **CORAL GABLES FL 33134**

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-STATE-ZIP _____

TITLE _____
NAME **DST LLORENTE, ANA I** ☐ Delete
STREET ADDRESS **338 MINORCA AVENUE**
CITY-STATE-ZIP **CORAL GABLES FL 33134**

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-STATE-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-STATE-ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-STATE-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-STATE-ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-STATE-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-STATE-ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-STATE-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-STATE-ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-STATE-ZIP _____

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: **ANA I LLORENTE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/03

Date

(305) 444-7282

Daytime Phone #

CR26034 (10/02)