

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90136 009 ***150.00

DOCUMENT # **P02000079980**

1. Entity Name
ELITE RHYTHMIC GYMNASTICS ACADEMY, INC.



Principal Place of Business

41370 SW 60TH TERR

MIAMI FL 33173

Mailing Address

11370 SW 60TH TERR.

MIAMI FL 33173

2. Principal Place of Business

5815 S.W. 113 AVE

3. Mailing Address

5815 SW 113 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33173 U.S.A.

Zip

Country

33173 U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

37-1436683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, BARBARA

11370 SW 60TH TERR.

MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

CLARISA DARIAS

Street Address (P.O. Box Number is Not Acceptable)

5815 S.W. 113 AVE

City

MIAMI

FL

Zip Code

33173

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/03

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

TITLE **PTD**
NAME **DARIAS, CLARISA**
STREET ADDRESS **11370 SW 60TH TERR.**
CITY-ST-ZIP **MIAMI FL 33173**

☐ Delete

TITLE **VDS**
NAME **HERNANDEZ, BARBARA**
STREET ADDRESS **11370 SW 60TH TERR.**
CITY-ST-ZIP **MIAMI FL 33173**

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

**5815 S.W. 113 AVE
MIAMI, FL. 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

☐ Addition

CR2E034 (10/02)

12. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 786-286-6788

Date

Daytime Phone #