

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90035 050 ***150.00

DOCUMENT # *P02000113174*

1. Entity Name

Sunflower Dance Academy, Inc.



DO NOT WRITE IN THIS SPACE

80046401

2. Principal Place of Business *8753 N. W 50 Street*

3. Mailing Address *8753 N. W 50 Street*

Suite, Apt. #, etc. *Unit #4*

Suite, Apt. #, etc. *Unit #4*

City & State *Lauderhill, FL*

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4. FEI Number *06-1654581*

Applied For
Not Applicable

Zip *33351* Country *USA*

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Antonina Apeliera*

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

9999 Summerbreeze Dr. #302

City *SUNRISE*

FL

Zip Code *33322*

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/03

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *P.D.*
NAME *Antonina Apeliera*
STREET ADDRESS *9999 Summerbreeze Dr. #302*
CITY-ST-ZIP *SUNRISE, FL 33322*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *V.P.D.*
NAME *Evgeni Molodine*
STREET ADDRESS *9999 Summerbreeze Dr. #302*
CITY-ST-ZIP *SUNRISE, FL 33322*

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 1786/457-2961

Day

Daytime Phone #