

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P93000020004

1. Entity Name

Florido Dance & Arts Centers Inc.

FILED

01 JUL 20 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 c/o Florido & Florido P.A.

3. Mailing Address

c/o Florido & Florido P.A.

Suite, Apt. #, etc.

22 15450 New Barn Road, Suite 303

26 Suite, Apt. #, etc.

15450 New Barn Road, Suite 303

City & State

23 Miami Lakes FL

27 City & State

Miami Lakes FL

4. FEI Number

65-0394813

Applied For

Not Applicable

Zip

County

24 33014

25 Dade

28 Zip

County

33014 Dade

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

Hugo Florido
13109 SW 43 Street
Davie, FL 33330

81 Corporate Creations Network Inc.

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

83 941 Fourth Street #200

84 Miami Beach FL 33139

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title of 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ DELETE
NAME Hugo Florido
STREET ADDRESS 15450 New Barn Road
CITY-ST-ZIP Miami Lakes, FL 33014

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME Lorraine Florido
STREET ADDRESS 15450 New Barn Road
CITY-ST-ZIP Miami Lakes, FL 33014

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. I do 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 annual report or supplemental annual 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, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date July 7, 01

Daytime Phone # 954-473-0825

900004534079--2
-08/14/01--01058--018
****150.00 ****150.00

B. Zal Z

Florida Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

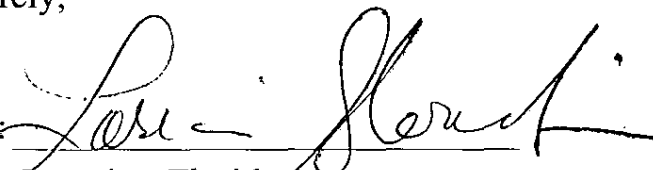
Re: **Florida Dance & Arts Centers Inc.**

Enclosed are the following:

1. Uniform Business Report for the corporation referenced above.
2. \$150 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us earlier this year. Thank you.

Sincerely,

By: 
Name: Lorraine Florido
Title: Director, Chairman
Date: July 7, 01