

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90389 014 \*\*\*150.00

**DOCUMENT # P94000086567**

1. Entity Name  
**JILL MALLORY STUDIO OF DANCE, INC.**



Principal Place of Business  
**12199 S DIXIE HWY  
MIAMI FL 33156  
US**

Mailing Address  
**5773 SW 81 ST.  
S MIAMI FL 33143  
US**

2. Principal Place of Business

3. Mailing Address  
**8301 SW 61 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**South Miami FL**

Zip

Country

Zip  
**33143**

Country

**DADE**

4. FEI Number **65-0545962**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**CUNNINGHAM, PAULA  
5773 SW 81 STREET  
MIAMI FL 33143**

## 7. Name and Address of New Registered Agent

Name  
**CUNNINGHAM, PAULA**  
Street Address (P.O. Box Number is Not Acceptable)  
**8301 SW 61 AVE**  
City **South Miami** **FL** Zip Code **33143**

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

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CUNNINGHAM, PAULA</b>	
STREET ADDRESS	<b>5773 SW 81 ST.</b>	
CITY-ST-ZIP	<b>S MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TISHENOR, RUTH</b>	
STREET ADDRESS	<b>8301 SW 61 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUNNINGHAM, PAULA</b>	
STREET ADDRESS	<b>8301 SW 61 AVE</b>	
CITY-ST-ZIP	<b>South Miami, FL 33143</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

**Paula Cunningham**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/03 305 (606-2603)**  
Date Daytime Phone #

CR2E034 (10/02)