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

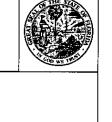
## DOCUMENT #

P96000014174

1. Entity Name

**SIGNATURE:** 

COCONUT GROVE BALLET AND COMPANY, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90474 007 \*\*\*150.00

2255 SW 32 AVE 204 MIAMI FL 33145			Maiing Address 2255 SW 32 AVE 204 MIAMI FL 33145						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4.	hh-1 hh-33hh		pplied For ot Applicable
Zip	:	Country	Zip		Country		Certificate of Status Desired	\$8.75 Ad Fee Require	ditional
	6. Name	and Address of Current	Registered Agent			7!	Name and Address of New Registered	Agent	•
NORIEGA, DORIS					Name Street Address (P.O. Box Number is Not Acceptable)				
3910 IRVI	ngton ave	NUE		Oloci / Idai asa (1.					
COCONU	t grove fi	L 33133						1 = -	
		T			City		FL	Zip Cod	le
8. The above the obligated SIGNATURE	tions of regist	ered agent.		s registere	ed office or regis	stered ag	ent, or both, in the State of Florida. I am	familiar with,	and accept
1	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requ	ired when re	einstating) DATE		
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State				9. Election Campaign Financing Trust Fund Contribution.  [		00 May Be d to Fees
10.		OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DORIS IGTON AVENUE GROVE FL 33133	☐ Delete					☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip	·		☐ Delete		<b>I</b>			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· Delete		· I	-		☐ Change	Addition
TITLE NAME Street address Dity-ST-ZIP			☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition
indicated	on this report	or supplemental report is	true and accurate and that	mv sianati	ure shall have th	e same le	19.07(3)(i), Florida Statutes. I further ce egal effect as if made under oath; that I da Statutes; and that my name appears i	am an officer.	or director