2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P98000029903** 1. Entity Name DANCING IN XS, INC. 04-26-2001 90110 008 ***150.00 Principal Place of Business Mailing Address 4721 N.W. 79TH AVENUE 4721 N.W. 79TH AVENUE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0827426 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, TANIA Street Address (P.O. Box Number is Not Acceptable) 11255 S.W. 33RD CIRCLE PLACE **MIAMI FL 33165** City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE FERNANDEZ, TANIA NAME NAME 8290 LAKE DRIVE, APT 525 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33166 ☐ Change Addition TIFLE ☐ Delete TITLE NAMS NAME STREET ACCRESS STREET ADDRESS CITY - ST - ZIP CiTY-ST-7IP ☐ Delete 7171 = ☐ Change Addition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete T:T1E TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-712 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST ZIF ☐ Chance Addition TITLE De'ete 1-T1E NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 11 or Block 12 if changed, or on an attachment with an excress with all other fixe empowered.