

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90255 028 \*\*\*150.00

DOCUMENT # P98000041518

1. Entity Name

World Dance, Sports And Performing Arts Confederation, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1961 Pinehurst Road

Suite, Apt. #, etc.

3. Mailing Address

1961 Pinehurst Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dunedin, FL

City & State

Dunedin, FL

4. FEI Number

59-3513060

Applied For

Not Applicable

Zip

34698

Country

USA

Zip

34698

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Socrates Charos

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

1961 Pinehurst Road

City

Dunedin,

**FL**

Zip Code

34698

**DO NOT WRITE  
IN THIS SPACE**

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

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  
NAME D  
STREET ADDRESS Socrates Charos  
CITY-ST-ZIP 1961 Pinehurst Road  
Dunedin, FL 34698

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**DO NOT WRITE  
IN THIS SPACE**

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: X

Socrates Charos X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)