

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 980000 45288

1. Entity Name

DANCE EMPIRE, INC. ✓

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90109 037 ***150.00

Principal Place of Business

Mailing Address

8785 SW 177 TERRACE

8785 SW 177 TERRACE

MIAMI, FL 33157

MIAMI, FL 33157

A0026264

2. Principal Place of Business

3. Mailing Address

12475 S DIXIE HWY

12475 S DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0840010

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

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

BLOCK, ANNMARIE H

Name

9300 S DADELAND BLVD, SUITE 308

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

MIAMI, FL 33156

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if 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, 2001 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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D FRASER - LOGAN, ANGEL 8785 SW 177 TERRACE MIAMI, FL 33157			
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3. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)