

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**  
 07-19-2000 90154 036 \*\*\*150.00

**DOCUMENT #** P98000053621  
**1. Entity Name**  
 LATIN BEAT DANCE STUDIOS, Inc

**Principal Place of Business**  
 Mailing Address  
 P.O. Box 25033

**2. Principal Place of Business**  
 8530 NW 52 ST  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 P.O. Box 25033  
 Suite, Apt. #, etc.

**City & State**  
 LAUDERHILL, FL  
 Zip 33351 Country USA

**City & State**  
 TAMARAC, FL  
 Zip 33320-5033 Country USA

**4. FEI Number**  
 65-0847354

**Applied For**  
☐ Not Applicable

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

00072221

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 GABRIEL R. GOMEZ  
 8530 NW 52 ST.  
 LAUDERHILL, FL 33351

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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**  
 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.** ☐ **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> PRESIDENT	<input type="checkbox"/> Delete
<b>NAME</b> GABRIEL R. GOMEZ	
<b>STREET ADDRESS</b> 8530 NW 52 ST.	
<b>CITY-ST-ZIP</b> LAUDERHILL, FL 33351-4833	
<b>TITLE</b> VICE PRESIDENT	<input type="checkbox"/> Delete
<b>NAME</b> GABRIEL R. GOMEZ	
<b>STREET ADDRESS</b> 8530 NW 52 ST.	
<b>CITY-ST-ZIP</b> LAUDERHILL, FL 33351-4833	
<b>TITLE</b> TREASURER	<input type="checkbox"/> Delete
<b>NAME</b> GABRIEL R. GOMEZ	
<b>STREET ADDRESS</b> 8530 NW 52 ST.	
<b>CITY-ST-ZIP</b> LAUDERHILL, FL 33351-4833	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. 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] 6/15/00 954.746.4444  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



**The Best Salsa in Broward  
& the Palm Beaches**

PAGE 2 of 2  
Attachment  
Pg 8000053421  
00000021

June 16, 2000

Mr. Tyrone Scott  
Florida Department Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Mr. Scott:

As per our phone conversation on Friday, June 16<sup>th</sup>, 2000, I have enclosed a corrected report for your office and enclosed the original check I sent on the 18<sup>th</sup> of April of this year. I don't understand why I was asked to send in another copy of the Uniform Business Report since in my original mailing I had sent one already.

You also agreed to waive the late fee of \$400 since I did not receive your request until 2 days ago due to a mailing error.

If you should have any questions regarding this matter, you can reach me at 954.746.4444 or you may page me at 305.449.0827. Thank you for your time and attention in this matter.

Regards

Gabriel R. Gómez  
Director