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

## P98000064376 **DOCUMENT #**

1. Entity Name

SIGNATURE:

ABC DANCE STUDIO COMPANY



## TILED Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90705 000 ₹ 200

3-10-03

(30%)2549765

14445 COUNTRYWALK DR												
Suite, Apt. #. etc.   A. FEI Number 65-0852303   Applied for Inches Applied	14445 COUNTRYWALK DR			14445 COUNTRYWALK DR			-	المعالم المعادية المع	د نعد د مصرف			
Suite, Apt. #, etc.   A. FEI Number 65-0852303   Applied for Invalidation of Suite, Applied for Invalidation		- / <u>-</u> .										
City & State  City & State  City & State  Country  Country  Country  S. Cortificate of Stratus Desired  See Recovered  S. Cortificate of Stratus Desired  See Recovered  S. Cortificate of Stratus Desired  See Recovered  Sec Recovered  Name  Name  Serent Address (P.O. Biox Number is Not Acceptable)  Series Address (P.O. Biox Number is Not Acceptable)  Series Address (P.O. Biox Number is Not Acceptable)  Series Address (P.O. Biox Number is	2. Principal Place of Business			3. Mailing Address				)   <b>                                   </b>		<b>1 81000</b> 11111 1		
Zip   Country   Zip   Country   S. Conflictate of Status Desired   S8.75 Additional roop Required Agent   P. Name and Address of Current Registered Agent   P. Name and Address of Name Registered Agent   P. Name	Suite, Apt. #, etc.			Suite, Apt. #, etc.			. CHECK HERE IF MAKING CHANGES					
S. Cellumbase of Satural Desired Agent  ZELBINO, JUSSARA  224 SW 176 TRRACE  MAMI FL 33157  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  FL  City  City  FL  City  FL  City  City  City  FL  City  City  City  City  City  City  FL  City  Ci	City & State			ty & State		4. FEI Number 65-085230			Not Appli		}	
Street Address (P.O. Box Number is Not Acceptable)	Zip Country			Zip Coun		ry						
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		6. Name and Ad	dress of Current Registe	red Agent		7. Name and Address of New Registered Agent					-	
8244 SW 176 TRRACE MIAMI FL 33157  City FL Zip Code  City FL Zip C	_					Name		,				
MIAMI FL 33157  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. It am familiar with, and accept the obligations of registered agent, or both in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature input or plated name of impatend agent and this it applicable. (NOTE Registered Agent alginiture input or almost agent and this it applicable.)    FILE NOWILL, FEE IS, \$150,00				Street Addre			s (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature    FILE NOW.!!   FEE.IS.\$150.00								<del></del>			1	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signulum   The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					City		· · · · · · · · · · · · · · · · · · ·	FI	Zip Cod	le	1	
SIGNATURE     Signature, hoped or privated name of registered agent and title if aupticable   (NOTE: Registered Agent signature recurred when reintating)   DATE	9 The above	• •	e this statement for the ou	roose of changing its	registere	d office or register	red ag	ent, or both, in the State of Flo		j miliar with,	and accept	1
Signature, Signature				rpose of changing its	regiotore	d omod or rogiste.	.co ug			,		
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D  ZERBINO, JUSSARA STREET ADDRESS 11445 COUNTRYWALK DR  WIAMI FL 33156  TITLE  NAME SIREET ADDRESS CITY-S1-ZIP  TITLE  NAME SIREET ADDRESS CITY-S1-ZIP  TITLE  NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME NAME SIREET ADDRESS CITY-S1-ZIP  TITLE NAME SIREET ADDRESS CITY-S1-ZIP  CITY	SIGNATURE	Signature, typed or printed r	name of registered agent and title if a	pplicable. (NOTE	: Registered	Agent signature required	d when re	einstating)	DATE			
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D	FI	ILE NOW!!! FEE	IS_\$150.00	_				- 9 Plection Campaign Fig	ancino -	&2.	May Bo	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After	May 1, 2003 Fee	will be \$550.00					<b>)</b>				
STREET ADDRESS   14445 COUNTRYWALK DR	10.		OFFICERS AND DIRECT	ORS	11.		AD	DITIONS/CHANGES TO OFFI	ICERS AND [	IRECTOR	S IN 11	_ [
STREET ADDRESS   14445 COUNTRYWALK DR	TITLE			☐ Delete					- 1	☐ Change	Addition	8
MIAMI FL 33156												
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	1		WALK DIT									] E
STREET ADDRESS   CITY-ST-ZIP	TITLE			☐ Delete	TITLE		•··			Change	Addition	]
CITY-ST-ZIP		:				i				,		
TITLE	í											
NAME				□ Delete	-			•		Cbange	Addition	1
STREET ADDRESS   CITY - ST - ZIP				□ Delete						onange	710000011	
TITLE					STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME NAME NAME NAME NAME NAME NAME NA	CITY-ST-ZIP				CITY-	ST-ZIP						1
STREET ADDRESS   CITY-ST-ZIP	TITLE			Delete	TITLE					Change	Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         NAME         Addition						l l						
TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         NAME         Addition						i i						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete NAME NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME				□ Dolate						Channe	Addition	1
STREET ADDRESS   STRE				Delete								
TITLE         Delete         TITLE         Change         Addition           NAME         NAME												
NAME NAME	CITY-ST <del>-ZIP****</del>				≂ = - GiTY•	ST-ZIP T	<u></u>					-
	TITLE			☐ Delete	•					Change	☐ Addition	
STREET ADDRESS T		]										
CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS				1							
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		Partifuthat the interm	ation cumplied with this file	an does not qualify to			ection	119 07(3)(i) Florida Statútes	I further certif	v that the i	information	1
12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 113.07(3)(f), holida statutes. Training that the mind according 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	indicated of the cor	on this report or sup	plemental report is true ar ver or trustee empowered	id accurate and that r to execute this report	ny signat as requir	ura chall have the	came	legal ettect as it made under d	nato: toat i an	n an oiticei	or airector	