

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046479

1. Entity Name

SALSA KNIGHTS DANCE STUDIOS, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 3356  
HALLANDALE FL 33008

POST OFFICE BOX 3356  
HALLANDALE FL 33008-3356

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0930735

Applied For

Not Applicable

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

MORALES, YELISEY  
12953 N.W. 23RD ST.  
PEMBROKE PINES FL 33028

Name

DIAZ, NERLY

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

12953 NW 23RD ST

Pembroke Pines

City

Pembroke Pines

FL

Zip Code

3302

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.  
(See criteria on back)

☐

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  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MORALES, YELISEY  
12953 N.W. 23RD ST.  
PEMBROKE PINES FL 33028

☐ Delete

TITLE  
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DIAZ, NERLY  
12953 NW 23RD ST  
PEMBROKE PINES  
FL 33028

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 (954) 462-422