

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058096

1. Entity Name

IRENE RIMER DANCE ACADEMY, INC.

Principal Place of Business

3300 W. 84 ST., #19
HIALEAH FL 33018

Mailing Address

3300 W. 84 ST., #19
HIALEAH FL 33018

2. Principal Place of Business

2800 W 84 st.

3. Mailing Address

2800 W 84 st.

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33018

Country

USA

Zip

33018

Country

USA

6. Name and Address of Current Registered Agent

RIMER, IRENE

3300 W. 84 ST., #19

HIALEAH FL 33018

4. FEI Number

65-0934385

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

2800 W 84 st.

suite 3

City

Hialeah

FL

Zip Code

33018

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, 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**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RIMER, IRENE
3300 W. 84 ST., #19
HIALEAH FL 33018

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Rimer, IRENE
2800 W 84 street, #3
Hialeah, FL 33018

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

IRENE RIMER

Date

1/10/1

Daytime Phone #

(305) 823-1180

FILED

Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90031 040 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)