

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90650 036 \*\*\*150.00

**DOCUMENT # P99000058096**

**1. Entity Name**  
**IRENE RIMER DANCE ACADEMY, INC.**



**Principal Place of Business**  
**2800 W 84TH ST**  
**#3**  
**HIALEAH FL 33018**

**Mailing Address**  
**2800 W 84TH ST**  
**#3**  
**HIALEAH FL 33018**



**2. Principal Place of Business**  
**2800 W 84th st**

**Suite, Apt. #, etc.**  
**# 1**

**City & State**  
**Hialeah, FL**

**Zip**  
**33018**

**Country**  
**USA**

**3. Mailing Address**  
**2800 W 84th st.**

**Suite, Apt. #, etc.**  
**# 1**

**City & State**  
**Hialeah, FL**

**Zip**  
**33018**

**Country**  
**USA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0934385**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**RIMER, IRENE**  
**2800 W 84TH ST**  
**SUITE 3**  
**HIALEAH FL 33018**

**7. Name and Address of New Registered Agent**

**Name** **Irene Rimer- Albert**  
**Street Address (P.O. Box Number is Not Acceptable)** **2800 W 84th st**  
**# 1**  
**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**1/9/3**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **RIMER, IRENE**  
**STREET ADDRESS** **2800 W 84TH ST #3**  
**CITY-ST-ZIP** **HIALEAH FL 33018**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **D/P/T/S** ☒ Change ☐ Addition  
**NAME** **RIMER-ALBERT, IRENE**  
**STREET ADDRESS** **2800 W 84th st #1**  
**CITY-ST-ZIP** **HIALEAH, FL 33018**

**TITLE** **D/V** ☐ Change ☒ Addition  
**NAME** **MICHAEL G. ALBERT**  
**STREET ADDRESS** **2800 W 84th st #1**  
**CITY-ST-ZIP** **HIALEAH, FL 33018**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 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.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/3 (305) 823-1180**

Date

Daytime Phone #

CR2E034 (10/02)