

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066231

1. Entity Name

ALL ABOUT DANCE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90088 023 ***150.00

Principal Place of Business

7862 NW 77TH AVENUE
TAMARAC FL 33321

Mailing Address

7862 NW 77TH AVENUE
TAMARAC FL 33321-2983

2. Principal Place of Business

10377 Royal Palm Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Spgs FL

City & State

Same

4. FEI Number

65-0941107

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIPPIN, ROBERT S ESQ.
7101 W. MCNAB ROAD
SUITE 200
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

Siegel, LUCINDA

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

7862 NW 77 Ave

City

TAMARAC

FL

Zip Code

33321

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

Lucinda N. Siegel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/00

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

| | | |
|-----------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SIEGEL, STAN | |
| STREET ADDRESS | 7862 NW 77TH AVENUE | |
| CITY - ST - ZIP | TAMARAC FL 33321 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|------------------|---|
| TITLE | VICE Pres. | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LUCINDA Siegel | |
| STREET ADDRESS | 7862 NW 77 Ave | |
| CITY - ST - ZIP | TAMARAC FL 33321 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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:

Lucinda N. Siegel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/4/00 9545712728

Daytime Phone #

CD02EN31 (0/000)