

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098651

1. Entity Name

ALYETTE KELDIE DANCE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90022 041 ***150.00

Principal Place of Business

Mailing Address

4404 BURNS RD
 PALM BEACH GARDENS FL 33410

4404 BURNS RD
 PALM BEACH GARDENS FL 33410-4659

2. Principal Place of Business

4404 BURNS ROAD

3. Mailing Address

4404 BURNS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-0964668

Applied For

Not Applicable

Zip
 33410

Country
 USA

Zip
 33410

Country
 USA

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

KELDIE, ALYETTE M
 4404 BURNS RD
 PALM BEACH GARDENS FL 33410

Name

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

City

FL

Zip Code

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 reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

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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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME KELDIE, ALYETTE M
 STREET ADDRESS 12120 ALT A1A, APT. H-3
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ Delete

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 NAME
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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

Date

Daytime Phone #

4.23.00 (561) 625-6255

CR2E034 (9/99)