

**2000 UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT # **S84707**  
 1. Entity Name  
**Dancer-Xise, Inc.**

**FILED**  
 00 SEP 28 PM 12:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**8498-E SW 24 STREET Miami, FL 33155**  
**8498-E SW 24 STREET Miami, FL 33155**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **05-0286025** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Ileana Gonzalez**  
**4733 SW 143 Ave.**  
**Miami, FL 33175**

7. Name and Address of New Registered Agent  
 Name **Milton Muller**  
 Street Address (P.O. Box Number is Not Acceptable) **8498-E SW 24 STREET**  
 City **Miami** FL Zip Code **33155**

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]* DATE **9/27/00**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | <b>President</b> <input checked="" type="checkbox"/> Delete      |
| NAME           | <b>Ileana Gonzalez</b>   |
| STREET ADDRESS | <b>4733 SW 143 Ave.</b>  |
| CITY-ST-ZIP    | <b>Miami, FL 33175</b>   |
| TITLE          | <b>Vice President</b> <input checked="" type="checkbox"/> Delete |
| NAME           | <b>Antonio Gonzalez</b>  |
| STREET ADDRESS | <b>4733 SW 143 Ave</b>   |
| CITY-ST-ZIP    | <b>Miami, FL 33175</b>   |
| TITLE          | <b>Secretary</b> <input checked="" type="checkbox"/> Delete      |
| NAME           | <b>Bertha Gonzales</b>   |
| STREET ADDRESS | <b>3600 SW 129 Ave</b>   |
| CITY-ST-ZIP    | <b>Miami, FL 33175</b>   |
| 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          | <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Milton Muller</b>  |
| STREET ADDRESS | <b>8498-E SW 24 STREET</b>  |
| CITY-ST-ZIP    | <b>Miami, FL 33155</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <b>100003415531-48</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME           |   |
| STREET ADDRESS | <b>-10/05/00-01098-021</b>  |
| CITY-ST-ZIP    | <b>*****61.25 *****61.25</b>  |
| 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 *[Signature]* DATE **9/27/00** DAYTIME PHONE # **(305) 225-7377**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)