FILED Mar 06, 2003 8:00 am Secretary of State 03-06-2003 90090 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S95597 **DOCUMENT #**

1. Entity Name

CREATIVE DANCE CENTRE, INC.

Principal Place 1141 HOLLAN BAY #11 BOCA RATOR US	•	2856 DU	Mailing Address 2856 DUNLIN RD DELRAY BEACH FL 33444				li						
2. Principal f	Place of Busin	3. Mailing	3. Mailing Address				H	88 H			II FIEN BIBN I		
Suite, Apt	. #, etc.	Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Sta	te	City &	City & State				l. FEI Nu	umber 65-02	295915			oplied For	
Zip Country			Zip ~	Zip Coun			5. Certificate of Status Desire				\$8.75 Additional Fee Required		
	6. Name	Registered /	egistered Agent			7. Name and Address of New			of New Re				
						Name						_	
	MELANIE		Street Addr				ss (P.O. Box Number is Not Acceptable)						
2856 DUI DELRAY I	NLIN RD BEACH FL 3	13444											
ľ.						City				FL	Zip Cod	e	
8. The above the obliga	e named entity tions of regist	v submits this statement for ered agent.	or the purpose	of changing its	registere	ed office or	registered a	agent, or	both, in the St	ate of Flori	da. I am fa	miliar with,	and accept
SIGNATURE		or printed name of registered ageni	and title if applicab	le (NOTE	Registered	d Agent signatur	e required whe	n reinstating	ı)		DATE		
Afte Make Chec	ILE NOW!! r May 1, 200 k Payable to							Election Cam Trust Fund Co	ontribution.		Added	0 May Be I to Fees	
10.	<u> </u>	OFFICERS AND	DIRECTORS		11.			ADDITIO	NS/CHANGES	TO OFFIC		*****	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grasso, 2856 Dun Delray B	lin RD		☐ Delete TITLE NAME STREI CITY-								☐ Change	☐ Addition {
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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: