

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90087 036 ***150.00

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DOCUMENT # P94000086567

1. Entity Name
JILL MALLORY STUDIO OF DANCE, INC.

Principal Place of Business
 12195
 12100 S DIXIE HWY
 MIAMI FL 33156
 US

Mailing Address
 5773 SW 81 ST.
 S MIAMI FL 33143
 US

717315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0545962**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CUNNINGHAM, PAULA
 7524 SW 50TH AVE
 MIAMI FL 33143

Name
 Street Address (P.O. Box Number is Not Acceptable)
 5773 SW 81 Street
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
P Cunningham
CUNNINGHAM, PAULA
 STREET ADDRESS **5773 SW 81 ST.**
 CITY-ST-ZIP **S MIAMI FL**

TITLE NAME Change Addition
Cunningham, Paula

TITLE NAME Delete
S Tichenor
RUTH TICHENOR
 STREET ADDRESS **8301 SW 61 AVE**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE NAME Change Addition
Tichenor

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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: Paula Cunningham 2/13/01 (305) 666-2603
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)