

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762121

1. Entity Name

FANTASY THEATRE FACTORY, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90276 021 ****70.00

Principal Place of Business

7069 SW 47TH ST
MIAMI FL 33155
US

Mailing Address

7069 SW 47TH ST
MIAMI FL 33155
US

00014301



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

59-2230097

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

DULBERG, ROBERT A ESQ
100 S.E. 2ND STREET
INTERNATIONAL PLAZA SUITE 2100
MIAMI FL 33156

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 reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS MARGULIS, STEPHEN
CITY-ST-ZIP 10747 NW 26TH ST
SUNRISE, FL 00000

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS VICTOR ROCHA
CITY-ST-ZIP 7441 SW 74 AVE
MIAMI, FL 33143

TITLE ☐ Delete
NAME D
STREET ADDRESS DULBERG, ROBERT
CITY-ST-ZIP 100 S.E. 2ND STREET, SUITE 2100
MIAMI FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CHRISTOPHER MARSH
CITY-ST-ZIP 6890 SW 79TH TERR
MIAMI, FL 33143

TITLE ☐ Delete
NAME TSD
STREET ADDRESS ALLEN, ED
CITY-ST-ZIP 6740 S.W. 75TH TERR.
MIAMI, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VD
STREET ADDRESS CASBARRO, JOHN
CITY-ST-ZIP 8541 N.W. 12TH ST.
PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS SCHULTZ, MIMI
CITY-ST-ZIP 6740 S.W. 75TH TERR.
MIAMI, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS REICH, AVA
CITY-ST-ZIP 7538 SW 64 STREET
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Signature of Robert A. Dulberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/01 305/284-8800

CR2E037 (10/00)