

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000746

1. Entity Name

CITY THEATRE, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90067 023 \*\*\*\*61.25

Principal Place of Business P.O. BOX 248268 CORAL GABLES FL 33124 US	Mailing Address P.O. BOX 248268 CORAL GABLES FL 33124-8268 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>65-0642183</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**NORMAN, STEPHANIE**  
**573 WARREN LANE**  
**KEY BISCAYNE FL 33149**

**7. Name and Address of New Registered Agent**

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:**  
**FEE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEIN, ALAN <input type="checkbox"/> Delete 150 W. FLAGLER STREET, SUITE 2400 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NORMAN, JEFF <input type="checkbox"/> Delete 201 S. BISCAYNE BLVD. SUITE 2000 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUNDEEN, JOY <input type="checkbox"/> Delete 150 W. FLAGLER STREET, SUITE 2400 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete ARMSTRONG, GERALD 5944 NE 6TH AVE MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NORMAN, STEPHANIE <input type="checkbox"/> Delete 573 WARREN LANE KEY BISCAYNE FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete WESTFALL, SUSAN 525 ALLENDALE RD KEY BISCAYNE FL 33149

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephanie Norman Vice President/Director May 1, 2000 (305) 365-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)