

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90053 035 ****61.25

DOCUMENT # N99000001171

1. Entity Name
JUGGERKNOT THEATRE CORPORATION

Principal Place of Business Mailing Address
P O BOX 131798 P O BOX 131798
CORAL GABLES FL 33114 CORAL GABLES FL 33114

CU045367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0890680		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

BRAVO, TANYA
104 SANTANDER AVE
CORAL GABLES FL 33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-01

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BURBANK, PATRICK E 10500 S.W. 74 AVE PINE CREST FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter C. Myrtetus 7900 S.W. 57 AVE. MIAMI, FL. 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLERTON, PETER D 120 SANTANDER AVE CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISE GALVEZ 10771 SW 67 DRIVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FULLERTON, KELLY 120 SANTANDER AVE CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ALLISON J 416 SANTANDER AVE CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EASTON, ELIZABETH 580 WEST 49 STREET MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALVEZ, ALEJANDRO 10771 SW 67 DRIVE MIAMI FL 33173	TITLE 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: **PATRICK BURBANK-5-01/205) 856-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)