

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001171

1. Entity Name

JUGGERKNOT THEATRE CORPORATION

Principal Place of Business

P O BOX 131798  
CORAL GABLES FL 33114

Mailing Address

P O BOX 131798  
CORAL GABLES FL 33114

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE C ☐ Delete  
NAME BURBANK, PATRICK E  
STREET ADDRESS 10500 S.W. 74 AVE  
CITY-ST-ZIP PINE CREST FL 33156

TITLE D ☐ Delete  
NAME FULLERTON, PETER D  
STREET ADDRESS 120 SANTANDER AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE T ☐ Delete  
NAME FULLERTON, KELLY  
STREET ADDRESS 120 SANTANDER AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ Delete  
NAME SMITH, ALLISON J  
STREET ADDRESS 416 SANTANDER AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE S ☐ Delete  
NAME EASTON, ELIZABETH  
STREET ADDRESS 580 WEST 49 STREET  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ Delete  
NAME GALVEZ, ALEJANDRO  
STREET ADDRESS 10771 SW 67 DRIVE  
CITY-ST-ZIP MIAMI FL 33173

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Peter C. Myrtetus  
STREET ADDRESS 7900 S.W. 57 AVE.  
CITY-ST-ZIP MIAMI, FL 33143

TITLE D ☐ Change ☒ Addition  
NAME DENISE GALVEZ  
STREET ADDRESS 10771 SW 67 DRIVE  
CITY-ST-ZIP MIAMI, FL 33173

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK BURBANK-5-01/305) 856-3200

Date

Daytime Phone #

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

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

C0045367



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0890680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)