

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052147

1. Entity Name

SHOWPLACE OF FLAGLER, INC.

Principal Place of Business

Mailing Address

C/O E.F. HUTTON REALTY
SUITE 100
MIAMI FL 33133
US

2000 SOUTH DIXIE HWY
MIAMI FL 33133-2456
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELDSTONE, RONALD R
200 S. BISCAYNE BLVD.
STE. 2100
MIAMI FL 33131

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

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS GOLKAR, REZA DR.
CITY-ST-ZIP 11880 BIRD ROAD, ATE. 209
MIAMI FL 33175

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

TITLE ☐ Delete
NAME T
STREET ADDRESS AGHA, ABDUL DR.
CITY-ST-ZIP 6701 SUNSET DR., STE. 200-B
MIAM FL 33143

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

TITLE ☐ Delete
NAME S
STREET ADDRESS FIELDSTONE, RONALD R
CITY-ST-ZIP 200 S. BISCAYNE BLVD., STE. 2100
MIAMI FL 33131

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

2001 SIGNATURE:

DATE: MARCH 21, 2001

PHONE: (305) 856-5858

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90271 042 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0420748 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required