

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000019613

1. Entity Name  
SHOWPLACE COMMERCIAL PROPERTIES, INC.

Principal Place of Business      Mailing Address  
2000 S DIXIE HWY      2000 S DIXIE HWY  
STE 100      STE 100  
MIAMI, FL 33133      US      MIAMI, FL 33133      US

**DO NOT WRITE IN THIS SPACE**



03192004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
65-0351588      Not Applicable

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

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

FIELDSTONE, RONALD  
200 S BISCAYNE BLVD #2100  
STE. 160  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.      ☐      Added to Fees

UN00000127393  
04/23/04-80072-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE      PS  
NAME      FIELDSTONE, RONALD  
STREET ADDRESS      201 ALHAMBRA CR STE 601  
CITY - ST - ZIP      CORAL GABLES, FL 33134

TITLE      VP  
NAME      GOUSHAN, LEO  
STREET ADDRESS      450 N PARK RD STE 403  
CITY - ST - ZIP      HOLLYWOOD, FL 33021

TITLE      VP  
NAME      ABDUL, AGHA  
STREET ADDRESS      6701 SUNSET DR STE 200B  
CITY - ST - ZIP      MIAMI, FL 33183

TITLE      T  
NAME      COLKAR, REZA  
STREET ADDRESS      7010 MIRA FLORES  
CITY - ST - ZIP      CORAL GABLES, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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

Date

Daytime Phone #