

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90380 016 \*\*\*150.00

**DOCUMENT # P93000052147**

1. Entity Name  
**SHOWPLACE OF FLAGLER, INC.**



Principal Place of Business  
**C/O E.F. HUTTON REALTY  
SUITE 100  
MIAMI FL 33133  
US**

Mailing Address  
**2000 SOUTH DIXIE HWY  
MIAMI FL 33131  
US**

2. Principal Place of Business

3. Mailing Address **c/o E.F.Hutton  
2000 South Dixie Hwy, 100**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Miami, Florida**

4. FEI Number **65-0420748**

Applied For  
Not Applicable

Zip

Country

Zip  
**33133**

Country  
**U.S.A.**

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

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  
**RONALD R FIELDSTONE, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)

**201 Alhambra Circle, 601**

City  
**Coral Gables**

**FL**

Zip Code  
**33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
DR. REZA GOLKAR  
7010 Mira Flores  
Coral Gables, FL 33143** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
DR. ABDUL AGHA  
6701 Sunset Drive, 203-B  
Miami, Florida 33183** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
RONALD R FIELDSTONE, Esq.  
201 Alhambra Circle, 601  
Coral Gables, FL 33134** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)