

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90146 011 ****61.25

DOCUMENT # 734378

1. Entity Name

AMERICAN MUSIC THEATRE COMPANY, INC.



Principal Place of Business

**633 MARMORA AVE
TAMPA FL 33606**

Mailing Address

**633 MARMORA AVE
TAMPA FL 33606**

2. Principal Place of Business

19022 GERALD Rd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number **59-1851489**

Applied For

Not Applicable

Zip

33548

Country

USA

Zip

33548

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ROBERT K.
633 MARMORA AVENUE
TAMPA FL**

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GRECO, JOSEPH C.**
STREET ADDRESS **517 BOSPHOROUS AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete
NAME **GARCIA, TONY**
STREET ADDRESS **219 S. BRADFORD AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE **STD** ☐ Delete
NAME **RODRIGEZ, SANDRA**
STREET ADDRESS **633 MARMORA AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ Delete
NAME **RODRIGEZ, ROBERT KARL**
STREET ADDRESS **633 MARMORA AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-03

813 289 3666

CR2E037 (10/02)