

2001 UNIFORM BUSINESS REPORT (UBR)

0002486 AF

DOCUMENT # **A32480**

1. Entity Name

PLANET HOLLYWOOD NEW YORK, LTD.

FILED

nf

Principal Place of Business

**8669 COMMODITY CIRCLE
ORLANDO FL 32819**

Mailing Address

**8669 COMMODITY CIRCLE
ORLANDO FL 32819**

01 APR 18 PM 12:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

59-3107454

Applied For

Not Applicable

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

**JOHNSON, SCOTT E
8669 COMMODITY CIRCLE
ORLANDO FL 32819**

Name

Helm, Mark S.

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

8669 Commodity Circle

City **Orlando**

FL

Zip Code **32819**

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]

4/11/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F94000006586**
NAME **PLANET HOLLYWOOD INTERNATIONAL, INC.**
STREET ADDRESS **8669 COMMODITY CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32819**

STREET ADDRESS

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/01
Date

407-345-5300
Daytime Phone #

CP2E003 (11/00)