

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000723**

1. Entity Name
WESTBIRD CINEMA, LTD.

FILED

02 MAR 20 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**11401 S.W. 40TH STREET
STE. 370
MIAMI FL 33165**

Mailing Address
**11401 S.W. 40TH STREET
STE. 370
MIAMI FL 33165**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **65-0500134**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DANIELS, NICHOLAS M ESQ.
ONE SE 3RD AVENUE, SUITE 2400
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.

DATE

9. Capital Contributions as Shown on record. **\$1,442,656.00**

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 # **P94000039490**
NAME **W.B. PROPERTIES, INC.**
STREET ADDRESS **11401 S.W. 40TH STREET, SUITE 370**
CITY-ST-ZIP **MIAMI FL 33165**

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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: *Robert Litowitz, Pres.* **3/14/02 305-552-5775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____
Date Daytime Phone #

0010513 AT

CR2E003 (9/01)