

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002388

1. Entity Name

A&R HOLLYWOOD, LTD.

Principal Place of Business

4675 S.W. 74TH STREET  
MIAMI FL 33143

Mailing Address

4675 S.W. 74TH STREET  
MIAMI FL 33134-5418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 CASUARINA CONCOURSE  
Suite, Apt. #, etc.

3. Mailing Address

1 CASUARINA CONCOURSE  
Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33143

Country

USA

City & State

CORAL GABLES FL

Zip

33143

Country

USA

4. FEI Number

65-0796420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HABER, LEWIS & PATHMAN, LLP  
ONE BISCAYNE TOWER, SUITE 3660  
2 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

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.

SIGNATURE

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.

\$1,100,000.00

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

DOCUMENT # P97000093726  
NAME A&R HOLLYWOOD, INC.  
STREET ADDRESS 4675 S.W. 74TH STREET  
CITY - ST - ZIP MIAMI FL 33143

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

1 CASUARINA CONCOURSE  
CORAL GABLES FL 33143

DOCUMENT #  
NAME  
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ALAN H. POTANKIN 4-26-00 305665-9600

Date

Daytime Phone #

(686) 500-3830

FILED  
00 MAY -1 AM 10:28  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE