

2001 UNIFORM BUSINESS REPORT (UBR)

0002504 AF

DOCUMENT # B97000000157

1. Entity Name

MOTOWN CAFE ORLANDO, L.P., LLLP

FILED

01 APR 27 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O UNIVERSAL CITY PROPERTY MGMT. CO. IV
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO FL 32819

Mailing Address

C/O UNIVERSAL STUDIOS ESCAPE
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Universal Orlando

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Legal Affairs, B-5
1000 Universal Studios Plaza

City & State

City & State

Orlando, Florida

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

32819

USA

4. FEI Number

13-3939573

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

\$2,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,500,000.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F99000001428
NAME UNIVERSAL CITY PROPERTY MGMT. CO. IV
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA, ATTN: LEGAL
CITY-ST-ZIP ORLANDO FL 32819

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Felix A. Mussenden

Date

Daytime Phone #

4/26/01 407 363-8241

CR2E003 (11/00)