

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

**DOCUMENT #** F01000005563

**1. Entity Name**

AMC DELANCEY MIAMI LAKES, INC.

03 APR -8 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

300015475843

04/03/03--01072--013 \*\*150.00

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
718 ARCH ST - STE 400N  
Suite, Apt. #, etc.

**3. Mailing Address**  
718 ARCH ST - STE 400N  
Suite, Apt. #, etc.

**City & State**  
PHILADELPHIA, PA

**City & State**  
PHILADELPHIA, PA

**4. FEI Number**  
23-3094086

**Applied For**  
Not Applicable

**Zip**  
19106

**Country**  
USA

**Zip**  
19106

**Country**  
USA

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
CORPORATION SERVICE COMPANY  
**Street Address (P.O. Box Number is Not Acceptable)**  
1201 HAYS STREET

**City**  
TALLAHASSEE **FL** **Zip Code**  
32301

**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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$650.00  
Amended UBR is \$6125  
Make Check Payable to Department of State

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE**  
PRESIDENT  
**NAME**  
KENNETH P. BALIN  
**STREET ADDRESS**  
718 ARCH ST - STE 400N  
**CITY - ST - ZIP**  
PHILADELPHIA, PA 19106

**TITLE**  
VICE PRESIDENT  
**NAME**  
JOHN F. YAGLENSKI  
**STREET ADDRESS**  
718 ARCH ST - STE 400N  
**CITY - ST - ZIP**  
PHILADELPHIA, PA 19106

**TITLE**  
ASSISTANT SECRETARY  
**NAME**  
PAUL F. BRENNAN  
**STREET ADDRESS**  
718 ARCH ST - STE 400N  
**CITY - ST - ZIP**  
PHILADELPHIA, PA 19106

**TITLE**  
VICE PRESIDENT  
**NAME**  
MICHAEL C. WACHS  
**STREET ADDRESS**  
718 ARCH ST - STE 400N  
**CITY - ST - ZIP**  
PHILADELPHIA, PA 19106

**TITLE**  
SECRETARY - TREASURER  
**NAME**  
PATRICK J. BRALA  
**STREET ADDRESS**  
718 ARCH ST - STE 400N  
**CITY - ST - ZIP**  
PHILADELPHIA, PA 19106

**TITLE**  
VICE PRESIDENT  
**NAME**  
GEOFFREY N. IRVINE  
**STREET ADDRESS**  
718 ARCH ST - STE 400N  
**CITY - ST - ZIP**  
PHILADELPHIA, PA 19106

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**13. 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 607, Florida Statutes; and that my name appears in Block 11 or as an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

4/3/03