

2001 UNIFORM BUSINESS REPORT (UBR)

0014906 AF

DOCUMENT # L00000003202

1. Entity Name

THE PARTHENON SALON STUDIOS, L.C.

FILED

01 JUL -5 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5970 SW 18TH STREET, E-1
PMB 258
BOCA RATON FL 33433

5970 SW 18TH STREET, E-1
PMB 258
BOCA RATON FL 33433

2. Principal Place of Business

3010 MILITARY TRAIL

3. Mailing Address

3010 MILITARY TRAIL

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

Zip

33431

Country

4. FEI Number

65-0984639

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLISON, DONALD M ESQUIRE
GILLESPIE & ALLISON, P.A.
1515 SOUTH FEDERAL HIGHWAY, SUITE 300
BOCA RATON FL 33432

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

100004475321--7

07/13/01--01100--007

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME GOLDSTEIN, LARRY
STREET ADDRESS 5970 SW 18TH STREET, E-1 PMB 258
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

LARRY GOLDSTEIN

7/26/01

(561) 982-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)