

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009222

1. Entity Name

TAMARAC SHOWPLACE MOVIE, LLC

Principal Place of Business

201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1029408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

Manager ☐ Change ☒ Addition
Name Ronald R. Fieldstone
STREET ADDRESS 201 Alhambra Circle, Suite 601
CITY-ST-ZIP Coral Gables, FL 33134

Manager ☐ Change ☒ Addition
Name Leo Goughan
STREET ADDRESS 450 N. Park Road, Suite 804
CITY-ST-ZIP Hollywood, FL 33021

Manager ☐ Change ☒ Addition
Name Ray Abbassi
STREET ADDRESS 2000 S. Dixie Highway, Suite 100
CITY-ST-ZIP Miami, FL 33133

☐ Change ☐ Addition
4000003601424--5
-01/30/01--01065--001

☐ Change ☐ Addition
*****50.00 *****50.00

☐ Change ☐ Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RONALD R. FIELDSTONE

1/16/01

305-357-1001

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

Date

Daytime Phone #

FILED

01 JAN 26 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)