

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

0013647

**DOCUMENT # L01000020256**

1. Entity Name

**G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNATIONAL LLC**

03-24-2002 90038 050 \*\*\*\*\*50.00

Principal Place of Business

**312 S.E. 17TH STREET  
 2ND FLOOR  
 FT. LAUDERDALE FL 33316**

Mailing Address

**312 S.E. 17TH STREET  
 2ND FLOOR  
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1154556**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FERNAND LAMOTHE CHARTERED ACCOUNTANT  
 1401 DEWEY STREET  
 HOLLYWOOD FL 33316**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**  Delete  
 NAME **G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNA**  
 STREET ADDRESS **312 S.E. 17TH STREET**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

10. ADDITIONS/CHANGES

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
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TITLE  Change  Addition

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TITLE  Change  Addition

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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition

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: *[Signature]*

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

Date

Daytime Phone #

CR2E083 (9/01)