

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020256

1. Entity Name
G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNATIONAL LLC

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.: _____

City & State: _____

City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



FILED
03 MAR 13 AM 11:19
SECRETARY OF STATE
FALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1154556** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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: **DAMASO W. SAAVEDRA, ESQ.**

Street Address (P.O. Box Number is Not Acceptable): **312 S.E. 17TH STREET, 2ND FLOOR**

City: **FT. LAUDERDALE FL 33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

200014063078

03/13/03--01047--001 **50.00

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNA 312 S.E. 17TH STREET FT. LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

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

Date: **6 MAR 04 03** Daytime Phone #: **514-733-0060**

CR2E083 (10/02)