

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000031862

1. Entity Name

SUNSTAR THEATRES STUART LLC



FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90156 017 ****50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0491255 Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name Mark Clement
Street Address (P.O. Box Number is Not Acceptable) 770 Riverside Dr
City Coral Springs FL Zip Code 33071

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 Mark Clement
Signature typed or printed name of registered agent and title if applicable.

2/27/03
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE :
NAME : MARK Clement
STREET ADDRESS : 770 Riverside Dr
CITY-ST-ZIP : Coral Springs FL 33071

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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 606, Florida Statutes.

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

2/27/03 954-757-4220
Date Daytime Phone #

CR2E083B (12/02)