

2004 LLC
~~FOR PROFIT CORPORATION~~
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *L-03000047580*

1. Entity Name

The Grand Opera House, L.L.C



FILED

04 JAN -5 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 N.E. 18th St.

3. Mailing Address

9037 Biscayne Blvd.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Miami, Florida

City & State

Miami Shores, Florida

4. FEI Number

20 0426641

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

33138

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Christopher Russo

Street Address (P.O. Box Number is Not Acceptable)

9037 Biscayne Blvd.

City

Miami Shores

FL

Zip Code

33138

8. The above named entity subscribes 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

[Signature]

Christopher Russo

12/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *MGRM*
NAME *Christopher Russo*
STREET ADDRESS *9037 Biscayne Blvd.*
CITY-ST-ZIP *Miami Shores, FL 33138*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400025757654
12/24/03--01049--008 **70.00

TITLE *MGRM*
NAME *BTH Enterprises of Miami, Inc.*
STREET ADDRESS *653 NE 76 Street*
CITY-ST-ZIP *Miami, FL 33138*

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Christopher Russo

12/10/03

(305)754-3778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)