

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 23 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000136

1. Entity Name

PLANET HOLLYWOOD (ISRAEL), L.C.

Principal Place of Business

8669 COMMODITY CIRCLE
ORLANDO FL 32819

Mailing Address

8669 COMMODITY CIRCLE
ORLANDO FL 32819-9003

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

59-3238343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL, BYRD F JR.
GRAY, HARRIS & ROBINSON P.A.
201 E. PINE ST., SUITE 1200
ORLANDO FL 32801

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME EARL, ROBERT I
STREET ADDRESS 8669 COMMODITY CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

☐ Change ☐ Addition
800003245818--6
-05/09/00--01128--016
*****50.00 *****50.00

TITLE MEM ☐ Delete
NAME PLANET HOLLYWOOD INTERNATIONAL
STREET ADDRESS 8669 COMMODITY CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

☐ Change ☐ Addition

TITLE MEM ☐ Delete
NAME PLANET HOLLYWOOD (TEL AVIV), INC.
STREET ADDRESS 8669 COMMODITY CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: *Thomas Avallone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/14/00

Date

Daytime Phone #

CR2E083 (9/99)