

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002068

1. Entity Name
FLORIDA AMUSEMENTS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:38

Principal Place of Business
300 SOUTH PINE ISLAND ROAD, SUITE 110
PLANTATION FL 33324

Mailing Address
300 SOUTH PINE ISLAND ROAD, SUITE 110
PLANTATION FL 33324-2619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3644 Silver Star Rd
Suite, Apt. #, etc.

3. Mailing Address
3644 Silver Star Rd
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32808

Country
USA

Zip
32808

Country
USA

4. FEI Number
52-258627

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CWIERTNIA, JEROME W
C/O ZAND, FISCHER, MUROFF & PLATZER, P.A.
300 SOUTH PINE ISLAND ROAD, SUITE 110
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
c/o 3644 Silver Star Rd

City
Orlando, FL

FL

Zip
32808

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 *Jerome Cwiernia* Jerome Cwiernia President 3/16/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
CWIERTNIA, JEROME W
300 SOUTH PINE ISLAND ROAD, SUITE 110
PLANTATION FL 33324

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3644 Silver Star Rd
Orlando, FL 32808

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

300003191893-8
-03/31/00--01068--003
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
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: *Jerome Cwiernia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/16/00 714-842
628

CR2E083 (9/99)