

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003818 AF

DOCUMENT # L99000002869

1. Entity Name
FILM TOWN DEVELOPMENT, LLC

00 MAY 12 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4812 UNIVERSITY DRIVE
CORAL GABLES FL 33146

Mailing Address

4812 UNIVERSITY DRIVE
CORAL GABLES FL 33146-1153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6358 Manor Lane

Suite, Apt. #, etc.

City & State

Miami FL

Zip 33143

Country USA

4. FEI Number

05-0921495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINE, MICHAEL
4812 UNIVERSITY DRIVE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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

TITLE MGRM
NAME WINE, MICHAEL
STREET ADDRESS 4812 UNIVERSITY DRIVE
CITY- ST- ZIP CORAL GABLES FL 33146

☐ Delete

TITLE MGRM
NAME RICHTER, VINSON P
STREET ADDRESS 10800 S.W. 69TH AVE
CITY- ST- ZIP MIAMI FL 33156

☐ Delete

TITLE MGRM
NAME SIEGEL, JAMES R
STREET ADDRESS 5950 S.W. 97TH STREET
CITY- ST- ZIP MIAMI FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

300003273433-2
-06/07/00-01018-008
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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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: James R Siegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

305-662-1973

CR2E083 (9/99)