

2002 ²⁰⁰³ UNIFORM BUSINESS REPORT (UBR)

102 0008705

DOCUMENT # M01000000793

1. Entity Name
SOUTH FLORIDA THEME PARK L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 10 AM 11:28

Principal Place of Business
316 SIDNEY LANE
FORT LAUDERDALE FL 33312

Mailing Address
316 SIDNEY LANE
FORT LAUDERDALE FL 33312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3830 NE 28TH AVE

3. Mailing Address
3830 NE 28TH AVE

Suite, Apt. #, etc.

City & State
LIGHTHOUSE POINT FL

City & State
LIGHTHOUSE POINT, FL

4. FEI Number 06-1612378

Applied For
Not Applicable

Zip 33064 Country USA

Zip 33064 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

100019683291
05/22/03--01003--025 **50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRISTIANI, ERNESTO A 316 SIDNEY LANE FORT LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100019683291 07/14/03--01049--001 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAHAM SR, JEFFREY J 3830 N.E. 28TH AVE. LIGHTHOUSE POINT FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CF \$100	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED 4/14/03 954 784 0365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)

292

South Florida Theme Park, L.L.C.
3830 N.E. 28th Avenue
Lighthouse Point, Fl. 33064
Office and Fax 954 784-0365
Cell 954 520-4213
Email: Jefflhp@aol.com

April 14, 2003

Division of Corporations
Registration Section
P. O. Box 6478
Tallahassee, FL 32314

Subject: Uniform Business Report 2002

It has come to my attention that subject report was not filed for 2002. The notification was sent to 316 Sidney Lane Fort Lauderdale which had been the correct address but was changed to 3830 N.E. 28th Ave. Lighthouse Point, Fl. 33064. Perhaps we did not notify you in time and, regardless, it is our responsibility to ensure that the filing is done each year in a timely manner.

Since this is the first time that this has occurred, I am requesting that the reinstatement fee be waived. In the hopes that you will make a one time exception, I am enclosing a check in the amount of \$50 in the hopes that it will suffice.

I appreciate your consideration of this request and reinstatement.

Sincerely,



Jeff Graham Sr., President
South Florida Theme Park, LLC
