

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # M99000001889

1. Entity Name
MUVICO BOCA RATON, L.L.C.

00 APR 13 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3101 N. FEDERAL HWY., 6TH FLOOR
FT. LAUDERDALE FL 33306-1042

Mailing Address
3101 N. FEDERAL HWY., 6TH FLOOR
FT. LAUDERDALE FL 33306-1018



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

MWM

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

CORPDIRECT AGENTS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE FL 32301

Name

Michael W. Melvin

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

3101 North Federal Highway, Sixth Floor

City

Fort Lauderdale

FL

Zip Code
33306

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 *Michael W. Melvin*
Signature, type or print name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/00

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME MGRM
STREET ADDRESS MUVICO THEATERS, INC.
CITY-ST-ZIP 3101 N. FEDERAL HWY., 6TH FLOOR
FT. LAUDERDALE FL 33306-1042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100003229851
-04/28/00--01115--011
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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: BY: *Hamid Hashemi*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
A. HAMID HASHEMI, as President

1/14/2000

954-564-6550

Date

Daytime Phone #

166(6) 310 1-03