

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 13 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0005100 AF

DOCUMENT # M99000001891

1. Entity Name  
MUVICO CITY PLACE WPB, L.L.C.

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

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-01203 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* 3/27/00  
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 MGRM  
NAME MUVICO THEATERS, INC.  
STREET ADDRESS 3101 N. FEDERAL HWY., 6TH FLOOR  
CITY- ST- ZIP FT. LAUDERDALE FL 33306-1042 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
300003229853-0  
-04/28/00-0115-012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
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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.

MUVICO CITY PLACE WPB, L.L.C.

SIGNATURE: BY: *Signature* REQUIRED

1/14/2000

954-564-6550

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

Date

Daytime Phone #

A. HAMID HASHEMI, as President

CR2E083 (9/99)