

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18713

1. Entity Name

THE BRIDGE THEATER, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90056 001 ****61.25

Principal Place of Business

555 -17 ST
MIAMI BEACH FL 33139
US

Mailing Address

P.O. BOX 38-1778
MIAMI FL 33238-1778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2766173

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEEL, JULIAN D.
752 86TH ST
MIAMI BCH FL 33141

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEEL, J. D.
STREET ADDRESS 752 86TH ST
CITY-ST-ZIP MIAMI BCH FL ☐ Delete

TITLE TD
NAME GRAFTON, BRIAN
STREET ADDRESS 8300 NW 53 ST #401
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE VD
NAME ROTH, PETER
STREET ADDRESS 8300 NW 53RD STREET #401
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE S
NAME MISTRIL, MARTHA
STREET ADDRESS 9271 S.W. 76TH ST. C/O C.S.A. MARKETING
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BRIAN D. SPAULDING
NAME 1900 SUNSET HARBOR DRIVE
STREET ADDRESS SUITE 812
CITY-ST-ZIP MIAMI BCH, FL 33139 ☒ 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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05037 (9/99)