

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000134

1. Entity Name

THEATRICAL ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business

2400 NORTHWEST BOCA RATON BOULEVARD  
BOCA RATON FL 33431  
US

Mailing Address

2400 NORTHWEST BOCA RATON BOULEVARD  
BOCA RATON FL 33431  
US

2. Principal Place of Business

154 NW 16 ST.

3. Mailing Address

154 NW 16 TH ST.

Suite, Apt. #, etc.

Boca Raton, FL 33432

Suite, Apt. #, etc.

Boca Raton, FL

City & State

City & State

Zip

Country

US

Zip

33432

Country

U.S.

4. FEI Number

65-0639483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 \$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 VD  
NAME HARRY-LOFTQUIST, CINDY  
STREET ADDRESS 5359 PARK PLACE CIR  
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE PD  
NAME RUBIN, LEON  
STREET ADDRESS 5096-4 HEATHER HILL LANE  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE SD  
NAME JOHNSON, HEIDI  
STREET ADDRESS 2898 SW 22 CIR #232A  
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE ED  
NAME LAHR, DEBBI  
STREET ADDRESS 1321 S.W. 18TH ST  
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE T  
NAME AGATHEAS, JOANN  
STREET ADDRESS 890 N. FED HWY #301  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME HARRIS Loftquist, Cindy  
STREET ADDRESS 5359 Park Place Circle  
CITY-ST-ZIP Boca Raton, FL. 33486

TITLE ☒ Change ☐ Addition  
NAME RUBIN, LEON  
STREET ADDRESS 21550 CAWENDASH ROAD  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☒ Change ☐ Addition  
NAME D JOHNSON, HEIDI  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME ED LAWLOR, DEBBI LAHR  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME D BOB ALTNER  
STREET ADDRESS 4425 NW 27 AVE.  
CITY-ST-ZIP BOCA RATON, FL 33434

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 #

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90060 021 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)