

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91800 038 ****70.00

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1. Entity Name

THEATRICAL ENTERPRISES OF SOUTH FLORIDA, INC.



Principal Place of Business

154 NW 16 ST
BOCA RATON FL 33432
US

Mailing Address

154 NW 16 ST
BOCA RATON FL 33432
US

11041762



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0639483**

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

WALTER H MESSICK ATTORNEY AT LAW
2101 CORPORATE BLD STE 101
BOCA RATON FL 33431

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **V** ☒ Delete
NAME: **BROWN, JIM**
STREET ADDRESS: **1033 BOCA COVE LANE**
CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: **P** ☐ Change ☒ Addition
NAME: **FRANK GRANDE**
STREET ADDRESS: **401 E. LINTON Blvd. #577**
CITY-ST-ZIP: **Delray Beach, FL 33483**

TITLE: **P** ☐ Delete
NAME: **RUBIN, LEON**
STREET ADDRESS: **21550 CAVENDISH ROAD**
CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: **D** ☒ Change ☐ Addition
NAME: **LEON Rubin**
STREET ADDRESS: **21550 Cavendish Rd.**
CITY-ST-ZIP: **Boca Raton, FL 33433**

TITLE: **D** ☒ Delete
NAME: **JOHNSON, HEIDI**
STREET ADDRESS: **2898 SW 22 CIR #232A**
CITY-ST-ZIP: **DELRAY BEACH FL 33445**

TITLE: **S** ☐ Change ☒ Addition
NAME: **LINDY HARVEY**
STREET ADDRESS: **1099 NW 7 Street**
CITY-ST-ZIP: **Boca Raton, FL 33486**

TITLE: **ED** ☒ Delete
NAME: **BISCUIT, KATHY**
STREET ADDRESS: **5283 PARK CIRCLE**
CITY-ST-ZIP: **BOCA RATON FL 33486**

TITLE: **D** ☐ Change ☒ Addition
NAME: **LAINIE SIMON**
STREET ADDRESS: **5896 St. Anns Way**
CITY-ST-ZIP: **Boca Raton, FL 33431**

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

TITLE: **T** ☐ Change ☒ Addition
NAME: **MIKE FAHNDRICH**
STREET ADDRESS: **10887 TEA Olive Lane**
CITY-ST-ZIP: **Boca Raton, FL 33498**

TITLE: **D** ☒ Delete
NAME: **ALTNER, BOB**
STREET ADDRESS: **4425 NW 27 AVE**
CITY-ST-ZIP: **BOCA RATON FL 33434**

TITLE: **D** ☐ Change ☒ Addition
NAME: **SHERY MARDER**
STREET ADDRESS: **11041 Blue Coral Drive**
CITY-ST-ZIP: **Boca Raton, FL 33498**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4403

Date

561.392.7929

Daytime Phone #

CR2E037 (10/02)