

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005211

1. Entity Name

AMERICAS THEATRE GROUP, CORP.

Principal Place of Business

1420 GRANADA BLVD  
CORAL GABLES FL 33134  
US

Mailing Address

1420 GRANADA BLVD  
CORAL GABLES FL 33134-2455  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0704675

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITELAW, ARTHUR  
1420 GRANADA BLVD  
CORAL GABLES FL 33134

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 D ☐ Delete  
NAME WHITELAW, ARTHUR  
STREET ADDRESS 1420 GRANADA BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ Delete  
NAME LAFATA, MARK A  
STREET ADDRESS 547 NAVARRE AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ Delete  
NAME PADIAL, JUAN C  
STREET ADDRESS 6485 SW 72 STREET  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME Patricia Jones  
STREET ADDRESS 1700 SW 12 Ave.  
CITY-ST-ZIP Miami, FL 33129

TITLE ☐ Change ☒ Addition  
NAME James Herron  
STREET ADDRESS Steel Hector Davis  
CITY-ST-ZIP 200 S. Biscayne Blvd. suite 4000  
Miami, FL 33131

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

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

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

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

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

ARTHUR WHITELAW

Date

Daytime Phone #

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90049 001 \*\*\*\*61.25  
01-19-2000 90049 002 \*\*\*\*\*8.75

MAR 13



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)