

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

01-09-2003 90118 022 ***158.75

DOCUMENT # P01000102981

1. Entity Name

GREENACRES RIVER BRIDGE CINEMA 8, INC.



Principal Place of Business
1003 GRAND ISLE WAY
PALM BEACH GARDENS FL 33418

Mailing Address
1003 GRAND ISLE WAY
PALM BEACH GARDENS FL 33418

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

65-1153272

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**
☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1003 GRAND DALE WAY
PALM BEACH GARDENS FL 33418

Name

CARMEL DJITI

Street Address (P.O. Box Number is Not Acceptable)

1003 GRAND ISLE WAY

PALM BEACH GARDENS

City

FL

Zip Code

33418

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

CARMEL DJITI Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DJITI, CARMEL
STREET ADDRESS 1003 GRAND ISLE WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE S ☐ Delete
NAME DJITI, SIMA
STREET ADDRESS 1003 GRAND ISLE WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 607, 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

1/7/03

Daytime Phone #

CR2E034 (10/02)