

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90115 004 ***150.00

DOCUMENT # P02000098221

1. Entity Name

THEME PARK OF SOUTH FLORIDA, INC.



Principal Place of Business

7520 NW 5TH ST #203
PLANTATION FL 33317

Mailing Address

7520 NW 5TH ST #203
PLANTATION FL 33317

2. Principal Place of Business

419 ALAMANDA DR.

Suite, Apt. #, etc.

HALLANDALE FL.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

COUNTRY

4. FEI Number

03-0482818

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

FILINGS, INC.

3732 NW 16TH ST
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

MARK ZENOBIA

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

419 ALAMANDA DRIVE

City

HALLANDALE

FL

Zip Code

33009

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 \$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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	SCHOTTENFELD, DAVID J	7520 NW 5TH ST #203 PLANTATION FL 33317	<input checked="" type="checkbox"/>
		RALPH LEACH CHAIRMAN	4211 N.E. 25 AVE. FT. LAUDERDALE FL 33308	<input type="checkbox"/>
		MARK ZENOBIA PRES.	419 ALAMANDA DRIVE HALLANDALE, FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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

Mark Zenobia 2/15/03
954-458-2496

Date

Daytime Phone #