

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90142 018 ***150.00

DOCUMENT # P93000049941

1. Entity Name
SHOWPLACE OF KENDALL, INC.



Principal Place of Business C/O E F HUTTON REALTY STE #100 MIAMI FL 33133 US	Mailing Address 2000 SOUTH DIXIE HWY 101 MIAMI FL 33137 US
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2. Principal Place of Business	3. Mailing Address c/o E.F. Hutton Realty 2000 south dixie hwy, 100
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Suite, Apt. #, etc.	Suite, Apt. #, etc. 100
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☐ CHECK HERE IF MAKING CHANGES

City & State	City & State Miami, FL	4. FEI Number 65-0420746	Applied For ☐ Not Applicable
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Zip	Country	Zip 33133	Country U.S.A.	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 2601 S BAYSHORE DR SUITE 1600 MIAMI FL 33133	7. Name and Address of New Registered Agent Name RONALD R FIELDSTONE, Esq. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, 601 City Coral Gables FL Zip Code 33134
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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 _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLKAR, REZA DR. 7010 MIRA FLORES CORAL GABLES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DR. REZA GOLKAR 7010 Mira Flores Coral Gables, FL 33143 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDSTONE, RONNIE 200 S BISCAYNE BLVD., #2100 MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD R FIELDSTONE, Esq. 201 Alhambra Circle, 601 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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** *Reza D. Golkar* **1/20/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)