

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90380 016 ***150.00

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1. Entity Name
SHOWPLACE OF FLAGLER, INC.



Principal Place of Business
**C/O E.F. HUTTON REALTY
SUITE 100
MIAMI FL 33133
US**

Mailing Address
**2000 SOUTH DIXIE HWY
MIAMI FL 33131
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address **c/o E.F.Hutton
2000 South Dixie Hwy, 100**

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, Florida

4. FEI Number **65-0420748**
Applied For
☐ Not Applicable

Zip Country
33133 U.S.A.

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

**FIELDSTONE, RONALD R
200 S. BISCAYNE BLVD.
STE. 2100
MIAMI FL 33131**

Name **RONALD R FIELDSTONE, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, 601
City **Coral Gables FL 33134**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLKAR, REZA DR. 11880 BIRD ROAD, ATE. 209 MIAMI FL 33175	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGHA, ABDUL DR. 6701 SUNSET DR., STE. 200-B MIAM FL 33143	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIELDSTONE, RONALD R 200 S. BISCAYNE BLVD., STE. 2100 MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DR. REZA GOLKAR 7010 Mira Flores Coral Gables, FL 33143	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DR. ABDUL AGHA 6701 Sunset Drive, 203-B Miami, Florida 33183	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RONALD R FIELDSTONE, Esq. 201 Alhambra Circle, 601 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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** *[Signature]* **1/19/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)