2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

FIELDSTONE, RONALD R

201 ALHAMBRA CIRCLE

CORAL GABLES FL 33134

4102 BUCHANAN STREET

HOLLYWOOD FL 33021

Suite, Apt. #, etc.

City & State

Zip

STE 601

SIGNATURE

P96000022479

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

4102 BUCHANAN STREET

HOLLYWOOD FL 33021

1. Entity Name

SHOWPLACE OF HOLLYWOOD, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90105 015 ***150.00

65-0650839	Applied For
	Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent
Name

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

City

Trust Fund Contribution.

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3.	The above named entity submits this statement for the purpose of changing its registered	ed office or registered agent, or both, in the State of Florida	Lom familia	
	the obligations of registered agent.	sa smoot of regional agent, or both, in the state of Florida.	i ani ianiliai	with, and accept

(NOTE: Registered Agent signature required when reinstating)

Country

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

Signature, typed or printed name of registered agent and title if applicable

Country

Name and Address of Current Registered Agent

9. Election Campaign Financing

4. FEI Number

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DVP ☐ Delete TITLE Fieldstone Forald P 201 alhambra circle suite 601 Cora 1 Gubles, FL 33134 NAME FIELDSTONE, RONALD R NAME STREET ADDRESS 200 S. BISCAYNE BLVD., STE. 2100 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 City-St-7IP TITLE ☐ Delete TITLE NAME GAUGHAN, LEO Goughan, Leo, Suite 403 NAME STREET ADDRESS 200 S. BISCAYNE BLVD., STE. 2100 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Halywood, Fl 3302 HILE ☐ Delete DUE Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 DESIGNATION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 03 (954)983 (ddo

CR2E034 (10/02)