

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90077 004 ***150.00

DOCUMENT # P97000044649

1. Entity Name

THEATRIX, INC.

Principal Place of Business

Mailing Address

SW 1 ST.
 FL 33068

934 NORTH UNIVERSITY DRIVE
 SUITE 227
 CORAL SPRINGS FL 33071-7029
 US

2. Principal Place of Business

3. Mailing Address

273 S. STATE RD. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

275

City & State

City & State

MARGATE, FL

Zip

Country

Zip

Country

33068

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDER, BRYAN A
 7380 SW 1 ST.
 MARGATE FL 33068

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCTD	<input type="checkbox"/> Delete
NAME	FREED, LILLY S	
STREET ADDRESS	7380 SW 1ST ST	
CITY-ST-ZIP	MARGAT FL 33068	
TITLE	CVSM	<input type="checkbox"/> Delete
NAME	LINDER, BRYAN A	
STREET ADDRESS	7380 SW 1ST ST	
CITY-ST-ZIP	MARGAT FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 11 or Block 12 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

21 APRIL 2000 954-722-7468
 Date Daytime Phone #

CR2E034 (9/99)