

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093726

1. Entity Name

A&R HOLLYWOOD, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90071 043 \*\*\*150.00

Principal Place of Business

4675 S.W. 74TH STREET  
MIAMI FL 33143

Mailing Address

4675 S.W. 74TH STREET  
MIAMI FL 33134-5418

2. Principal Place of Business

1 CASUARINA CONCOURSE  
Suite, Apt. #, etc.

3. Mailing Address

1 CASUARINA CONCOURSE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES FL  
Zip 33143 Country USA

City & State

CORAL GABLES FL  
Zip 33143 Country USA

4. FEI Number

65-0796424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATHMAN, WAYNE M  
SUITE 3660 ONE BISCAYNE TOWER  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

ONE BISCAYNE TOWER SUITE 2400

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

TITLE P ☐ Delete  
NAME POTAMKIN, ALAN H.  
STREET ADDRESS 4675 SW 74TH ST  
CITY-ST-ZIP MIAMI FL 33143

TITLE O ☐ Delete  
NAME FARR, VERONICA  
STREET ADDRESS 4675 SW 74TH ST  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1 CASUARINA CONCOURSE  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1 CASUARINA CONCOURSE  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALAN H. POTAMKIN 4-26-00 305-665-9600