

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-31-2003 90234 042 ***150.00

DOCUMENT # P97000093726

1. Entity Name
A&R HOLLYWOOD, INC.



Principal Place of Business
**1 CASUARINA CONCOURSE
CORAL GABLES FL 33143
US**

Mailing Address
**1 CASUARINA CONCOURSE
CORAL GABLES FL 33143
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**2333 PONCE DE LEON BLVD
Suite, Apt. #, etc.
600**

**2333 PONCE DE LEON BLVD
Suite, Apt. #, etc.
600**

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

4. FEI Number **65-0796424**

Applied For
☐ Not Applicable

Zip Country
33134 USA

Zip Country
33134 USA

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

**PATHMAN, WAYNE M
ONE BISCAYNE TOWER
STE 2400
MIAMI FL 33131**

Name
MICHELLE AUSTIN
Street Address (P.O. Box Number is Not Acceptable)
2333 PONCE DE LEON BLVD.
SUITE # 600
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 *Michelle Austin*
Signature typed or printed name of registered agent and title if applicable.

MICHELLE AUSTIN
(NOTE: Registered Agent signature required when reinstating)

3-25-03
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 **P** ☐ Delete
NAME **POTAMKIN, ALAN H.**
STREET ADDRESS **1 CASVARINA CONCOURSE**
CITY-ST-ZIP **CORAL GABLES FL 33143**

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

TITLE **O** ☐ Delete
NAME **FARR, VERONICA**
STREET ADDRESS **1 CASVARINA CONCOURSE**
CITY-ST-ZIP **CORAL GABLES FL 33143**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Stephano* **VP** **3-25-03** **305-774-7690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)