

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90353 021 \*\*\*150.00

0383494 AV

**DOCUMENT # P98000098406**

1. Entity Name

**THEATER PROPERTY HOLDINGS, INC.**



Principal Place of Business  
**201 CLEMATIS STREET  
WEST PALM BEACH FL 33408  
US**

Mailing Address  
**2345 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33409  
US**

2. Principal Place of Business

3. Mailing Address

**515 N. FLAGLER DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 808**

City & State

City & State

**WEST PALM BEACH, FL**

Zip

Country

Zip

Country

**33401**

**USA**

4. FEI Number

**65-0892792**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FHS CORPORATE SERVICES, INC.  
11780 U.S. HIGHWAY  
SUITE 300  
NORTH PALM BEACH FL 33408**

Name

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

City

**FL**

Zip Code

**33401**

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 registrant, and if not 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 **DPS** ☐ Delete  
NAME **CUILLO, ROBERT S**  
STREET ADDRESS **2345 OKEECHOBEE BLVD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **DPS** ☒ Change ☐ Addition  
NAME **CUILLO, ROBERT S.**  
STREET ADDRESS **515 N. FLAGLER DRIVE STE 808**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **T** ☐ Delete  
NAME **HOTARY, MICHAEL**  
STREET ADDRESS **2345 OKEECHOBEE BLVD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **T** ☒ Change ☐ Addition  
NAME **HOTARY, MICHAEL**  
STREET ADDRESS **515 N. FLAGLER DRIVE STE 808**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

**REQUIRE MICHAEL HOTARY 4-30-03 561-478-4990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)