

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 90353 045 ***150.00

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DOCUMENT # P99000004756

1. Entity Name

THEATER RESTAURANT HOLDINGS, INC.



Principal Place of Business

201 CLEMATIS STREET

WEST PALM BEACH FL 33408

Mailing Address

2345 OKEECHOBEE BLVD

WEST PALM BEACH FL 33409

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

65-0903060

Applied For

Not Applicable

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

FHS CORPORATE SERVICES, INC.
11780 U.S. HWY. ONE, 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 title if 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CUILLO, ROBERT S
2345 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

☐ Delete

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

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CUILLO, ROBERT S.
515 N. FLAGLER DRIVE STE 808
WEST PALM BEACH, FL 33401

☒ Change ☐ Addition

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

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED MICHAEL HOTARY 43003 561-478-4990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)