

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023006

1. Entity Name

JORDANA THEATRES CORPORATION

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90013 020 ***150.00

Principal Place of Business

C/O HERZFELD & RUBIN
801 BRICKELL AVENUE #1501
MIAMI FL 33131

Mailing Address

C/O HERZFELD & RUBIN
801 BRICKELL AVENUE #1501
MIAMI FL 33131

2. Principal Place of Business

C/O DAVID M KRAUSE, Esq
Suite, Apt. #, etc.
80 SW 8 St, Ste 1920

3. Mailing Address

C/O DAVID M KRAUSE, Esq
Suite, Apt. #, etc.
80 SW 8 St Ste 1920

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number 65-0925868

Applied For

Not Applicable

Zip

33130

Country

Miami, FL

Zip

33130

Country

Miami, FL

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAUSE, DAVID M ESQ.
~~C/O HERZFELD & RUBIN~~
~~801 BRICKELL AVENUE #1501~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

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

80 S.W. 8 Street
Suite 1920

City

Miami

FL

Zip Code

33130

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

David M Krause

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KRAUSE, DAVID M
STREET ADDRESS C/O 801 BRICKELL AVENUE #1501
CITY-ST-ZIP MIAMI FL 33131TITLE P ☐ Delete
NAME WRAY, SON
STREET ADDRESS 445 HIDDEN MEADOWS LOOP #105
CITY-ST-ZIP FERN PARK FL 32730TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE WRAY, JON ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

JON WRAY

Date

4/19/01

Daytime Phone #

407-265-7954

CR2E034 (10/00)