

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

S/:

05-05-2003 91878 022 \*\*\*\*70.00

**DOCUMENT # N97000005026**

1. Entity Name  
**FIESTA TROPICALE OF HOLLYWOOD, INC.**



Principal Place of Business  
**407 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020  
US**

Mailing Address  
**POST OFFICE BOX 510  
HOLLYWOOD FL 33022-0510**

**55052130**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2099 JACKSON ST.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**HOLLYWOOD**

City & State

4. FEI Number **65-0782522**

Applied For  
Not Applicable

Zip **33020**

Country **USA**

Zip

Country

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

**ERICKSON, JUDY A EXECUTIVE  
407 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020**

Name **JOHN STENGEL**

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

**2099 JACKSON STREET**

City **HOLLYWOOD**

FL

Zip Code **33020**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**  Delete  
NAME **ERICKSON, DAVID**  
STREET ADDRESS **2249 JOHNSON STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VP**  Delete  
NAME **STENGEL, JOHN**  
STREET ADDRESS **3501 N. 54 AVENUE**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **TT**  Delete  
NAME **SEIDMAN, DALE**  
STREET ADDRESS **17637 SW 11 STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **S**  Delete  
NAME **KRAMER, GARY**  
STREET ADDRESS **1238 POLK STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D**  Delete  
NAME **VIRGO, CHERYL**  
STREET ADDRESS **3124 S.W. 50 STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **BVP**  Delete  
NAME **HOGG, DAVID**  
STREET ADDRESS **6501 HOLLYWOOD BOULEVARD**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DI RECTOR**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT**  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

TITLE **VICE PRESIDENT**  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 617, 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]* **E REQUIRED**

**4/17/03**

**954-923-2974**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)