

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State
 09-11-2000 90001 046 ****61.25

DOCUMENT # N98000003571

1. Entity Name
NEW ERA OF HOLLYWOOD, INC.

Principal Place of Business Mailing Address

**1931 PEMBROKE RD.
 HOLLYWOOD FL 33020** **1931 PEMBROKE RD.
 HOLLYWOOD FL 33020**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. *N/A* Suite, Apt. #, etc. *N/A*

City & State *N/A* City & State *N/A*

Zip Country Zip Country

4. FEI Number **65-0887233** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OLOFIN, A.J. REV.
 1931 PEMBROKE RD.
 HOLLYWOOD FL 33020**


7. Name and Address of New Registered Agent

Name *N/A*

Street Address (P.O. Box Number is Not Acceptable) *N/A*

City *N/A* **FL** Zip Code

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  DATE

Signature (typed) or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

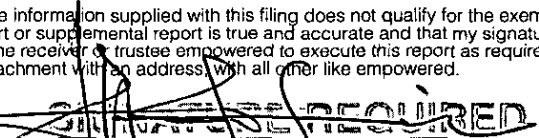
10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	OLOFIN, A.J. REV.	
STREET ADDRESS	2506 FUNSTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SUNDAY, LOLA	
STREET ADDRESS	2506 FUNSTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OLOFIN, SADE A	
STREET ADDRESS	2506 FUNSTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>N/A</i>	
STREET ADDRESS	<i>N/A</i>	
CITY-ST-ZIP	<i>N/A</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>N/A</i>	
STREET ADDRESS	<i>N/A</i>	
CITY-ST-ZIP	<i>N/A</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>N/A</i>	
STREET ADDRESS	<i>N/A</i>	
CITY-ST-ZIP	<i>N/A</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>N/A</i>	
STREET ADDRESS	<i>N/A</i>	
CITY-ST-ZIP	<i>N/A</i>	

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 all other like empowered.

SIGNATURE:  **9/11/00** Daytime Phone #

SIGNATURE (TYPED) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)