

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000003571  
 1. Entity Name  
 NEW ERA OF HOLLYWOOD, INC. WA

Principal Place of Business Mailing Address  
 1931 PEMBROKE RD. 1931 PEMBROKE RD.  
 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020


2. Principal Place of Business 3. Mailing Address  
 1931 Pembroke Rd. SAME SAME  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Hollywood Florida SAME  
 City & State City & State  
 33020 U.S.A. 33020 U.S.A.

09/10/01 90062044 \$61.00

4. FEI Number 65-0887233 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 OLOFIN, A.J. REV.  
 1931 PEMBROKE RD.  
 HOLLYWOOD FL 33020

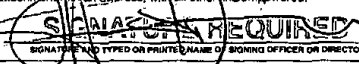
7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
 SIGNATURE:  DATE: 8/27/01  
(NOTE: Registered Agent signature required when resigning)

FILE NOW: FEE IS \$61.25 After September 12, 2001, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLOFIN, A.J. REV.		NAME	NA	
STREET ADDRESS	2508 FUNSTON ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDAY, LOLA		NAME	NA	
STREET ADDRESS	2508 FUNSTON ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLOFIN, SADE A		NAME	NA	
STREET ADDRESS	2508 FUNSTON ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NA		NAME	NA	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NA		NAME	NA	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NA		NAME	NA	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(1), 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:  DATE: 8/27/01 OFFICE PHONE: 954-923-9959

FILED  
 01 SEP 19 PM 4:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



CREEGT (5/01)