

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90200 029 \*\*\*\*61.25

**DOCUMENT # N98000003571**

1. Entity Name

**NEW ERA OF HOLLYWOOD, INC.**

**BU132471**

Principal Place of Business 1931 PEMBROKE RD. HOLLYWOOD FL 33020 <b>2324 North Dixie Hwy. Hollywood Fla. 33020-6326</b>	Mailing Address 1931 PEMBROKE RD. HOLLYWOOD FL 33020 <b>2324 North Dixie Hwy. Hollywood Florida-33020</b>
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2. Principal Place of Business <b>SAME AS ABOVE</b>	3. Mailing Address <b>2324 North Dixie Hwy. Hollywood Fla. 33020-6326</b>
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Suite, Apt. #, etc. <b>N/A</b>	Suite, Apt. #, etc. <b>N/A</b>
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City & State <b>Hollywood Florida</b>	City & State <b>Hollywood Florida</b>
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Zip <b>33020-6326</b>	Country <b>Broward</b>	Zip <b>33020-6326</b>	Country <b>Broward</b>
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4. FEI Number <b>65-0887233</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Rev. A.J. Olofin**  
**2324 North Dixie Hwy.**  
**Hollywood Florida**  
**33020-6326**

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 this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE **7/26/02**  
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**

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

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

TITLE <b>DS</b>	<input type="checkbox"/> Delete
NAME <b>SUNDAY, LOLA</b>	
STREET ADDRESS <b>2506 FUNSTON ST.</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL 33020</b>	

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

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

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/01)