

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91155 033 ****61.25

DOCUMENT # N98000003571



1. Entity Name
NEW ERA OF HOLLYWOOD, INC.

Principal Place of Business
**2324 NORTH DIXIE HWY
HOLLYWOOD FL 33020-6326**

Mailing Address
**2324 NORTH DIXIE HWY
HOLLYWOOD FL 33020-6326**

11040707



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**2324 North Dixie Hwy.
Suite, Apt. #, etc.
Hollywood Florida
City & State**

3. Mailing Address
**SAME AS ABOVE
Suite, Apt. #, etc.
SAME
City & State**

4. FEI Number **65-0887233**

Applied For
Not Applicable

Zip
33020

Country
USA

Zip
SAME

Country

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

6. Name and Address of Current Registered Agent

**OLOFIN, A.J. REV.
2324 NORTH DIXIE HWY
HOLLYWOOD FL 33020-6326**

7. Name and Address of New Registered Agent

Name **NONE**
Street Address (P.O. Box Number is Not Acceptable)
NONE
City **NONE** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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!** 3/11/03

CR2E037 (10/02)