

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90112 049 ****61.25

DOCUMENT # N94000004946

1. Entity Name

HOLLYWOOD BUSINESS COUNCIL, INC.

Principal Place of Business

Mailing Address

**330 N FEDERAL HWY
 HOLLYWOOD FL 33020
 US**

**330 N FEDERAL HWY
 HOLLYWOOD FL 33020-4617
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0527355

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

7. Name and Address of New Registered Agent

**COHN, ALAN B
 2021 TYLER ST
 HOLLYWOOD FL 33020**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHLER, ABRAHAM S	
STREET ADDRESS	3301 COLLEGE AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASEY, DANILE A	
STREET ADDRESS	201 S. BISCAYNE BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINZ, SAMUEL A	
STREET ADDRESS	2600 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	C	<input type="checkbox"/> Delete
NAME	MENDELSON, LAURANS A	
STREET ADDRESS	3000 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	P	<input type="checkbox"/> Delete
NAME	LITVIN, STUART L	
STREET ADDRESS	330 N FEDERAL HWY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, STEVEN M	
STREET ADDRESS	300 S PARK RD 4TH FLOOR	
CITY-ST-ZIP	HOLLYWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marty Schlosberg, Marty	
STREET ADDRESS	2336 Hollywood Blvd	
CITY-ST-ZIP	Hollywood, Florida 33020	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Freehof, Leonard	
STREET ADDRESS	3600 Washington St.	
CITY-ST-ZIP	Hollywood, FL 33021	

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 #

1/5/2000 954-927-0277