**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 14, 2001 8:00 am DOCUMENT # F9700001018 Secretary of State HOLLYWOOD, INC. (BRICKELL STATION) 03-14-2001 90520 018 \*\*\*158.75 Principal Place of Business Mailing Address 300 HOLLYWOOD WAY 300 HOLLYWOOD WAY HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 65-0727461 Not Applicable Zip Country Zip Country \$8.75 Additional XX 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOTZER, THEODORE R Street Address (P.O. Box Number is Not Acceptable) 300 HOLLYWOOD WAY HOLLYWOOD FL 33021 City Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CH2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SWERDLOW, MICHAEL J NAME STREET ADDRESS STREET ADDRESS 300 HOLLYWOOD WAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE Delete TITLE ☐ Change ☐ Addition NAME STOTZER, THEODORE R NAME STREET ADDRESS STREET ADDRESS 300 HOLLYWOOD WAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete TITLE ☐ Change Addition IAMMATTEO, MIARIE NAME NAME STREET ADDRESS STREET ADDRESS 300 HOLLYWOOD WAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.