2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2001 8:00 am Secretary of State DOCUMENT # 343167 HOLLYWOOD MANAGEMENT, INC. 03-14-2001 90491 045 ***158.75 Principal Place of Business Mailing Address 7841 JOHNSON ST 7841 JOHNSON ST RENTAL OFFICE RENTAL OFFICE PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1299365 emb/o/ Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 330 a4 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALKA, HEZI Street Address (P.O. Box Number is Not Acceptable) 7841 JOHNSON STREET PEMBROKES PINES FL 33024 City 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) 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 ☐ Change ☐ Addition TITLE ☐ Delete TIT! F NAME MALKA, HEZI NAME STREET ADDRESS STREET ADDRESS 7841 JOHNSON ST. CITY-ST-ZIF CITY-ST-ZIP PEMBROKE PINES FL ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attack ess, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR