

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 426376

1. Entity Name

HOLLYWOOD TOOL & DIE, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90085 014 ***150.00

Principal Place of Business	Mailing Address
5646 DAWSON ST HOLLYWOOD FL 33023	5646 DAWSON ST HOLLYWOOD FL 33023-1920

2. Principal Place of Business	3. Mailing Address
5840 A DEWEY ST.	5840 A DEWEY ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
HOLLYWOOD, FL.	HOLLYWOOD, FLA.
Zip	Zip
33023	33023
Country	Country
BROWARD	BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1478449	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDERS, ELTON 5646 DAWSON ST HOLLYWOOD FL 33023	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD SANDERS, ELTON E. 741 NW. 93RD AVE. PEMBROKE PINES FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST SANDERS, PHYLLIS 741 N.W. 93 AVENUE PEMBROKE PINES FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

Elton E. Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

954-961-2510
Daytime Phone #

CR2E034 (9/99)