

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0026266
AV

DOCUMENT # **464772**

1. Entity Name

MERCHANTS CREDIT BUREAU OF HOLLYWOOD, INC.



FILED

03 SEP -9 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2328 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

Mailing Address

**2328 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

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

59-1566634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAKOWER, ALAN

2328 HOLLYWOOD BLVD.

HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

100022885521
09/09/03--01067--023 **300.00

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **KRAKOWER, ALAN F.**
CITY-ST-ZIP **2328 HOLLYWOOD BLVD.
HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 607, 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 #

CR2E034 (4/03)



MERCHANTS CREDIT BUREAU

2328 HOLLYWOOD BLVD.
HOLLYWOOD, FLORIDA 33020
(954) 921-4050
(954) 920-0702 FAX

ALAN KING
Manager



September 8, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

This is to inform you that this is the first notice we have
a record of for this time period.

I appreciate the waiver applied and should there be a problem or
you need further information, please do not hesitate to contact
me at (954) 921-2000 ext. 19.

Thank you,


Alan Krakower
President