

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90004 019 ***150.00

828882

DO NOT WRITE IN THIS SPACE

DOCUMENT # **587354**
 1. Entity Name **HOLLYWOOD STONE, INC.**

Principal Place of Business Mailing Address
2110 NORTH DIXIE Highway
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 **59-1927427** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~GUMBEL, SAMUEL E.~~
2110 NORTH DIXIE Highway
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
 Name **GUMBEL, LAURA M.**
 Street Address (P.O. Box Number is Not Acceptable) **2110 NORTH DIXIE Highway**
 City **HOLLYWOOD** FL Zip Code **33020**

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 **Laura M. Gumbel, STD** 3/23/00
 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

TITLE STD	<input type="checkbox"/> Delete
NAME GUMBEL, LAURA M.	
STREET ADDRESS 1720 SW 110th TERRACE	
CITY-ST-ZIP DAVIE, FL 33324	
TITLE PD	<input type="checkbox"/> Delete
NAME GUMBEL, SAMUEL E.	
STREET ADDRESS 1720 SW 110th TERRACE	
CITY-ST-ZIP DAVIE, FL 33324	
TITLE VD	<input type="checkbox"/> Delete
NAME GUMBEL, DAVID E	
STREET ADDRESS 125 93 SW 8th COURT	
CITY-ST-ZIP DAVIE, FL 33325	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUMBEL, SAMUEL E.	
STREET ADDRESS 1720 SW 110th TERRACE	
CITY-ST-ZIP DAVIE, FL 33324	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUMBEL, DAVID E	
STREET ADDRESS 125 93 SW 8th COURT	
CITY-ST-ZIP DAVIE, FL 33325	
TITLE	<input 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	

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.

SIGNATURE: **Laura M. Gumbel, Sec-Treas** 3/23/00 (954) 424-9190
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)