2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # 702357 1. Entity Name HOLLYWOOD TERRACE APTS, INC. 03-21-2000 90061 009 ****61.25 Principal Place of Business Mailing Address 2325 GARFIELD ST 2325 GARFIELD ST **APT 11 APT 11** HOLLYWOOD FL 33020-0446 HOLLYWOOD FL 33020-3446 US 2. Principal Place of Business 3.: Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2750382 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DE PECOL. MARIO 2325 GARFIELD APT 11 Zip Code City HOLLYWOOD FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11, ■ Addition ☐ Change TITLE TITLE ☐ Delete PROULX ROGER DE PECOL, MARIO NAME NAME 2325 GARFIELD ST STREET ADDRESS STREET ADDRESS 2325 GARFIELD ST #11 HOLLYWOOD, FL CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL PD ☐ Delete TITLE ☐ Change Addition TITI F BOYDEN, CLARENCE A. NAME NAME STREET ADDRESS 2325 GARFIELD ST. #15 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL ☐ Addition ☐ Change Delete TITLE TITLE **BOUCHARD, STELLA** NAME NAME STREET ADDRESS STREET ADDRESS 23225 GARFIELD ST APT 12 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL PD ☐ Change Addition Delete TITLE TITLE TREMBLAY, ARMAND NAME NAME STREET ADDRESS STREET ADDRESS 2325 GARFIELD ST APT 14 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change Addition TITLE Delete TITLE CHOUVINARD, BITA NAME NAME STREET ADDRESS STREET ADDRESS 2325 GARFIELD ST City-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FI ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MOLL, RUTH STREET ADDRESS 2325 GARFIELD ST APT 9 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 1.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

changed, or on an attachment with an address, with all other like empowered.