

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

001455

03-13-2001 90068 032 \*\*\*\*61.25

**DOCUMENT # 702357**

1. Entity Name

**HOLLYWOOD TERRACE APTS, INC.**

Principal Place of Business

2325 GARFIELD ST  
 APT 11  
 HOLLYWOOD FL 33020-0446  
 US

Mailing Address

2325 GARFIELD ST  
 APT 11  
 HOLLYWOOD FL 33020-0446  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2750382**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE PECOL MARIO**  
 2325 GARFIELD  
 APT 11  
 HOLLYWOOD FL 33020

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

*Mario De Pecol*

*Mario De Pecol, Secretary, Treasurer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST**  Delete  
 NAME **PROULX, ROGER** *President*  
 STREET ADDRESS **2325 GARFIELD ST. 12 A**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BOYDEN, CLARENCE A.** *director*  
 STREET ADDRESS **2325 GARFIELD ST. #15**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BOUCHARD, STELLA**  
 STREET ADDRESS **23228 GARFIELD ST APT 12**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE  Change  Addition  
 NAME **Mario De Pecol, Secretary**  
 STREET ADDRESS **2325 Garfield St. Treasurer**  
 CITY-ST-ZIP **Hollywood, FL 33020**

TITLE **D**  Delete  
 NAME **TREMBLAY, ARMAND** *director*  
 STREET ADDRESS **2325 GARFIELD ST APT 14**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE  Change  Addition  
 NAME **Gale Auner vice president**  
 STREET ADDRESS **2114 N. 32 Ave.**  
 CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **D**  Delete  
 NAME **CHOUVARD, RITA**  
 STREET ADDRESS **2328 GARFIELD ST**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE  Change  Addition  
 NAME **Jean Pitre director**  
 STREET ADDRESS **2325 Garfield St APT 16**  
 CITY-ST-ZIP **Hollywood, FL 33020**

TITLE **D**  Delete  
 NAME **MOLL, RUTH**  
 STREET ADDRESS **2325 GARFIELD ST APT 9**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 617, 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:

*Mario De Pecol* **REQUIRADO** *Mario De Pecol*

*March 8, 2001*

*954-923 0456*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)