2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749772

SIGNATURE:



FILED Feb 06, 2003 8:00 am Secretary of State

THE HOL	LYWOOD ART GUILD, INC.		٠.				02-06-2003 90.	101 043	101.23
•	· · · · · · · · · · · · · · · · · · ·	Mailing Address P.O. BOX 1984 HOLLYWOOD FL 33020 US)			
	Place of Business nod Beach Community C	3. Mailing Address Suite, Apt. #, etc.		,					
1301	S. Ocean Drive					CHECK HERE IF MAKING CHANGES			
	wood FL.	City & State			4. FEI Number 65-0582716			Applied For Not Applicable	
Zip '	BROWARD	Zip .	Cot	untry		5. Certificate of S		Fee Hequ	
	6. Name and Address of Current I	Registered Agent		Name		7. Name and Add	lress of New Regist	ered Agent	
PROUDFOOT, JACQUELINE 501 E DANIA BEACH BLVD			-	Street Address (P.O. Box Number is Not Acceptable)					
5-3M Dania Fi			City					El Zip C	ode
8. The above	named entity submits this statement for	the purpose of changing its	s registere	_	registere	ed agent, or both, in	the State of Florida.		
the obliga	Jacqueline M Stgnature, typed or printed name of registered agent a		ES.	d Agent signat	ire required t	when reinstating)		DATE	
	FILE NOW: FEE IS \$61.25	9. Election Ca Trust Fund (mpaign F	inancing		\$5.00 May Be Added to Fees	Make C	heck Payab epartment o	
10.	OFFICERS AND DIR	ECTORS	11.		Α	DDITIONS/CHANG	L ES JO OFFICERS AN	ND DIRECTORS	IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, GERALD 5830 NW 64TH AVE FORT LAUDERDALE FL 33319	Delete			Jacq 501		Beach Di		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAPUTKA, BETTY 501 E DANIA BEACH BLVD #2E DANIA FL 33004	∑ Delete			REV 200	VEE Sand	(5D) Drive #60	⊈Chang 53	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEIN, NORMAN 3400 N HILLS DR HOLLYWOOD FL 33021	Delete	TITLE NAMI STRE	<u> </u>	7,000			Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROSE, PAULINE 3140 HOLIDAY SPRING BLVD POMPANO BEACH FL 33063	⊠ -Delete	TITLE NAMI STRE	:	180	ce Presi A Knoble 161 Bisci Ventura	DENT (D DCK 24ne BLV FL. 3318	VP) Suchang	e
TITLE NAME Street Address City-St-Zip		☐ Delete						☐ Chang	e 🔲 Addition
NTLE NAME Street Address City-St-Zip		☐ Delete						☐ Chang	e 🔲 Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that r wered to execute this report	ny signat as requir	nption state ure shall had ed by Chal	ed in Sec ave the sa oter 617,	ction 119.07(3)(i), Floame legal effect as in Florida Statutes; and	orida Statutes. I further f made under oath; the d that my name appe	er certify that the nat I am an offic ears in Block 10	e information er or director or Block 11 if