

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 08, 2000 8:00 am  
Secretary of State**

02-08-2000 90165 014 \*\*\*150.00

**DOCUMENT # F27101**

1. Entity Name

**THE HOLLYWOOD FRAME PALACE, INC.**

Principal Place of Business

Mailing Address

3210 STIRLING ROAD  
C/O RICHARD D. GAENG  
HOLLYWOOD FL 33021  
US2100 S OCEAN DR  
APT 12F  
FT LAUDERDALE FL 33316-3818  
US**914337**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

1. THIS STATEMENT IS FOR THE PURPOSE OF CHANGING ITS REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH, IN THE STATE OF FLORIDA.

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2071553**Applied  
Not Applied5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAENG, RICHARD D.  
2100 S OCEAN DRIVE APT 12F  
FT LAUDERDALE FL 33316**

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

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** ...  
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FORTINO, THOMAS A.  
2100 S OCEAN DRIVE APT 12F  
FT LAUDERDALE FL 33316** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
GAENG, RICHARD D.  
2100 S OCEAN DR APT 12F  
FT LAUDERDALE FL 33316** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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

SIGNATURE:

**THOMAS A. FORTINO** **2/3/00** **(954) 961-...**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #