## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am Secretary of State **DOCUMENT # F27101** 1. Entity Name THE HOLLYWOOD FRAME PALACE, INC. 03-05-2001 90366 029 \*\*\*150.00 Principal Place of Business Mailing Address 2100 S OCEAN DR 3210 STIRLING ROAD C/O RICHARD D. GAENG APT 12F FT LAUDERDALE FL 33316 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2071553 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAENG, RICHARD D. Street Address (P.O. Box Number is Not Acceptable) 2100 S OCEAN DRIVE APT 12F FT LAUDERDALE FL 33316 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE FORTINO, THOMAS A. NAME STREET ADDRESS STREET ADDRESS 2100 S OCEAN DRIVE APT 12F CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Change ☐ Addition ☐ Delete TITLE NAME GAENG, RICHARD D. NAME STREET ADDRESS 2100 S OCEAN DR APT 12F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

March 3, 2001

(954) 961-0071

Daytin

Daytime Phone #