2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99509

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

HOLLYWOOD TRYLON, INC.

03-20-2000 90009 045 ***150.00 Principal Place of Business Mailing Address 1915 HOLLYWOOD BLVD 1915 HOLLYWOOD BLVD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-4546 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE <u> SU 17E</u> ചയ Applied For City & State 4. FEI Number 65-0029858 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAPLAN, DOUGLAS C Street Address (P.O. Box Number is Not Acceptable) 1915 HOLLYWOOD BLVD HOLLYWOOD FL 33020 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE KAPLAN, DOUGAS C NAME NAME STREET ADDRESS STREET ADDRESS 1915 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIE HOLLYWOOD FL 33020 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME JAFFE, HOWARD TODD NAME STREET ADDRESS STREET ADDRESS 1915 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD FL 33020 Change ☐ Addition ☐ Delete TITLE TITLE GATES, MICHAEL L. NAME NAME STREET ADDRESS 1915 HOLLYWOOD BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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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 Block 12 if changed, or on an attachment with an addless, with all other like empowered.

DOUGLASC-KAPCAN 3/3/10

FILED

Secretary of State

Mar 20, 2000 8:00 am