

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90222 020 \*\*\*150.00

**DOCUMENT # J78616**

1. Entity Name  
**HOLLYWOOD XTRA STORAGE, INC.**



Principal Place of Business  
**999 BRICKELL AVE  
SUITE 800  
MIAMI FL 33131  
US**

Mailing Address  
**999 BRICKELL AVE  
SUITE 800  
MIAMI FL 33131  
US**



2. Principal Place of Business  
**4000 N. 28th TERRECE**

3. Mailing Address  
**4000 N. 28th TERRECE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Hollywood Florida**

City & State  
**Hollywood Florida**

4. FEI Number **65-0011551**

Applied For  
Not Applicable

Zip  
**33020**

Country  
**USA**

Zip  
**33020**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**YARUS, GARY J.  
999 BRICKELL AVE  
SUITE 800  
MIAMI FL 33131**

## 7. Name and Address of New Registered Agent

Name **ROY, AULRIC**  
Street Address (P.O. Box Number is Not Acceptable)  
**4000 N. 28th TERRECE**  
City **Hollywood** FL Zip Code **33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Aulric Roy**

DATE **4-21-03**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete  
NAME **YARUS, GARY J.**  
STREET ADDRESS **999 BRICKELL AVE, SUITE 800**  
CITY-ST-ZIP **MIAMI FL**

TITLE **President** ☒ Change ☐ Addition  
NAME **ROY, AULRIC**  
STREET ADDRESS **4000 N. 28th TERRECE**  
CITY-ST-ZIP **Hollywood FL 33020**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-21-03** 954-920-3333

Daytime Phone #

0216750 AV

CR2E034 (10/02)