## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # K45196** May 02, 2000 8:00 am Secretary of State HOLLYWOOD MALL, INC. 05-02-2000 90108 036 \*\*\*158.75 Principal Place of Business Mailing Address % 200 SOUTH-PARK-ROAD 44-200-SOUTH PARK ROAD CHITE-200 CHITE 200 HOLLYWOOD FL 33024 HOLLYWOOD EL 33031 2. Principal Place of Business 3. Mailing Address 300 Hollywood Way 300 Hollywood Way DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0087766 Not Applicable Hollywood, Florida Hollywood, Florida Country Zip \$8,75 Additional 5. Certificate of Status Desired Fee Required 33021 USA 33021 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOTZER, THEODORE R. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH PARK-ROAD 300 Hollywood Way SUITE 200-HOLLYWOOD FL 33021 City Hollywood, Zip Code 33021 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS XXChange Addition TITLE TITLE Delete SWERDLOW, MICHAEL J. NAME NAME STREET ADDRESS -200 SOUTH PK RD STE 200 STREET ADDRESS 300 Hollywood Way CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Hollywood, Florida 33021 XX Change ☐ Addition ☐ Delete TITLE TITLE STOTZER, THEODORE R. NAME 300 Hollywood Way 200 SOUTH PK RD STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP Hollywood, Florida 33021 ■ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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

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 address, with all other like empowered

SIGNATURE:

Theodore R. Stotzer. Sr. VP 4/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date