2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K46987 May 02, 2000 8:00 am Secretary of State HOLLYWOOD, INC. 05-02-2000 90108 043 ***158.75 Principal Place of Business Mailing Address %-200 SOUTH PARK ROAD-%-200-SOUTH-PARK-ROAD HOLLYWOOD FL 33024 HOLLYWOOD FL 99924 2. Principal Place of Business 3. Mailing Address 300 Hollywood Way 300 Hollywood Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0087763 Hollywood, Florida Hollywood, Florida Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired XX Fee Required USA 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 <u>300 Hollywood Way</u> SUITE 200 HOLLYWOOD FL 33021-Zip Code 33021 **Hollywood** 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 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 11. 12. DP **XX**Change Addition ☐ Delete TITLE TITLE SWERDLOW, MICHAEL J. NAME NAME 200 SOUTH PK RD STE 200 STREET ADDRESS STREET ADDRESS 300 Hollywood Way CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP Hollywood, Florida 33021 ☐ Delete **XX**Change Addition TITLE STOTZER, THEODORE R. NAME 300 Hollywood Way STREET ADDRESS STREET ADDRESS 200 SOUTH PK RD STE 200 Hollywood, Florida 33021 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL-Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete DILE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date