

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90105 043 ***550.00

0026337 AV

DOCUMENT # L05964

1. Entity Name
HOLLYWOOD TRANSMISSION CENTER, INC.



Principal Place of Business
**5746-B DAWSON ST
HOLLYWOOD FL 33023**

Mailing Address
**5746-B DAWSON ST
HOLLYWOOD FL 33023**



2. Principal Place of Business
5654 DAWSON ST

3. Mailing Address
5654 DAWSON ST

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hollywood FL

City & State
Hollywood FL

Zip
33023

Country
USA

Zip
33023

Country
USA

4. FEI Number
65-0143189

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ROBERTO I
5746-B DAWSON ST.
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name
SAME.

Street Address (P.O. Box Number is Not Acceptable)
5654 DAWSON ST

City
Hollywood

FL

Zip Code
33023

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 **ROBERTO I. RODRIGUEZ** Press. **8/20/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ROBERTO I 5746-B DAWSON ST. HOLLYWOOD FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARIA D 5746-B DAWSON ST. HOLLYWOOD FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ ROBERTO I 5654 DAWSON ST Hollywood FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ MARIA D 5654 DAWSON ST Hollywood FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: **MARIA D. RODRIGUEZ** **8/20/03 (954) 983-4078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)