

2000 UNIFORM BUSINESS REPORT (UBR)

0001626 AF

DOCUMENT # L99000006958

1. Entity Name
HOLLYWOOD HOTEL ACQUISITIONS L.L.C.

APPROVED
AND
FILED

00 APR 18 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1995 E. HALLANDALE BEACH BLVD
2ND FL
HALLANDALE FL 33009

Mailing Address
1995 E. HALLANDALE BEACH BLVD
2ND FL
HALLANDALE FL 33009-4708



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
P.O. Box 85040
Suite, Apt. #, etc.
City & State
HALLANDALE, FLORIDA
Zip
33008
Country
US

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOSLOW, ALAN B
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MANAGING MEMBER	THOMAS DRISCOLL	1955 E. HALLANDALE BEACH BLVD, 2ND FLOOR	HALLANDALE, FLORIDA 33009		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/12/00

Date Daytime Phone #

CR2E083 (9/99)