* A M E N D E D *

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M09798

1. Entity Name

HOLLYWOOD BEACH RESORTS, INC.

FILED

01 NOV -2 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
3300 NORTH SURF ROAD HOLLYWOOD FL. 33019	2457 COLLINS AVE. MIAMI BEACH, FL.33140

2. Principal Place of Business	3. Mailing Address
3300 N. SURF ROAD	HORST WOLCZIK
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2457 COLLINS AVE. 506
City & State: HOLLYWOOD FLORIDA	City & State: MIAMI BEACH FLORIDA
Zip: 33019 Country: USA	Zip: 33140 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2490120 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~--RIEDI-CLAUDIO-~~ ~~--100-BISCAYNE-BLVD-~~ ~~MIAMI-FL--33132-~~	Name: HORST ALBERT WOLCZIK Street Address (P.O. Box Number is Not Acceptable): 2457 COLLINS AVE. SUITE # 506 City: MIAMI BEACH FL Zip Code: 33140

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 Horst A. Wolczik P.P. 10.30.01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~-PD-WOLCZIK-GNTER-- -von_Hutten_Str._16A_ -Hamburg-GR-22761--~~	☐ Delete	P; D WOLCZIK HORST A. 2457 COLLINS AVENUE ~~MIAMI BEACH,33140~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V; S; D; Portney, CARMEN 113 MCINTOSH LANE N.WALES PA.19454	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	800004720948---3 -12/12/01--01067--006 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	800004720948---3 -12/12/01--01067--007 ******8.75 ******8.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 617, 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.

Horst A. Wolczik P.P. October 30, 01