FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M09798

1. Entity Name

HOLLYWOOD BEACH RESORT, INC.

DO NOT WRITE IN THIS SPACE

FILED

02 JAN 16 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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

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7. Name and Address of Current Registered Agent

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 _____ 01.07.02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☒ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P; D; HORST ALBERT WOLCZIK 2457 COLLINS AVE. ~~MIAMI BEACH 33140~~
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CR2E034B (12/01)

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: HORST A. WOLCZIK 01.07.02 305-8077848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SEAL OF THE STATE OF FLORIDA