

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M50051**

1. Entity Name

Hollywood Casting Group, Inc.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90012 038 ***558.75

Principal Place of Business

Mailing Address

2. Principal Place of Business

12100 NE 16th Avenue

3. Mailing Address

12100 N.E. 16th Avenue

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

City & State

North Miami FL

City & State

North Miami FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

59-2791903

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Blankman, Douglas A.
One Financial Plaza, Suite 1611
Fort Lauderdale, FL 33394

7. Name and Address of New Registered Agent

Name

Okumura, Shino

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

1300 Collins Avenue, # 603

City

Miami Beach

FL

Zip Code

33139

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

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



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	<input type="checkbox"/> Delete
DP	Bussell, Karen	12100 NE 16th Avenue	North Miami, Florida	<input type="checkbox"/>
V	Bussell, Lisa	12100 NE 16th Avenue	North Miami, Florida	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	Okumura, Shino	1300 Collins Avenue, # 603	Miami Beach, FL 33139	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SHINO OKUMURA

Date

9-10-00

Daytime Phone #

305
891-7225

CR2E034 (9/99)