

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90052 029 \*\*\*150.00

**DOCUMENT # M50051**

1. Entity Name  
**HOLLYWOOD CASTING GROUP, INC.**

Principal Place of Business

12100 N. E. 16TH AVE.  
 #210  
 NORTH MIAMI FL 33161

Mailing Address

12100 N. E. 16TH AVE.  
 #210  
 NORTH MIAMI FL 33161

2. Principal Place of Business

1916 Bay Road  
 Suite, Apt. #, etc.  
 2nd Floor  
 City & State  
 Miami Beach FL  
 Zip  
 33139 Country  
 USA

3. Mailing Address

1916 Bay Road  
 Suite, Apt. #, etc.  
 2nd Floor  
 City & State  
 Miami Beach FL  
 Zip  
 33139 Country  
 USA



DO NOT WRITE IN THIS SPACE

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

OKUMURA, SHINO  
 1300 COLLINS AVE #401  
 MIAMI FL 33139

7. Name and Address of New Registered Agent

Name **OKUMURA, SHINO**

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

1300 Collins Ave #401

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-05-01  
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete  
 NAME **BUSSELL, KAREN**  
 STREET ADDRESS **12100 N.E. 16TH AVE.**  
 CITY-ST-ZIP **NORTH MIAMI, FL.**

TITLE **DP** ☒ Change ☐ Addition  
 NAME **OKUMURA, SHINO**  
 STREET ADDRESS **1300 COLLINS AVE. #401** ☒ Change  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **V** ☒ Delete  
 NAME **BUSSELL, LISA**  
 STREET ADDRESS **12100 N.E. 16TH AVE.**  
 CITY-ST-ZIP **NORTH MIAMI, FL.**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DP** ☐ Delete  
 NAME **OKUMURA, SHINO**  
 STREET ADDRESS **1300 COLLINS AVENUE #401**  
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/00)