

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90033 028 ****70.00

DOCUMENT # N00659

1. Entity Name

THE HOLLYWOOD METAPHYSICAL CHAPEL, INC.

Principal Place of Business

Mailing Address

233 N. FEDERAL HWY #251
 DANIA FL 33004

233 N. FEDERAL HWY #251
 DANIA FL 33004-2840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2666186

Applied For

Not Applied For

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

Name

NAGEL, BEA A. (REV)

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

8000 SUNRISE LKS DR N. 24/301

City

SUNRISE

FL

Zip Code

33322

NAGEL, BEA A. (REV)
9351 N.W. 37TH. CT.
SUNRISE FL 33351

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 \$61.25**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **NAGEL, BEA A. (REV.)**
 CITY-ST-ZIP **800 SUNRISE WARES DR. NO. BLDG 24 #301**
SUNRISE FL 33322

TITLE ☐ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **NAGEL, BEA A. (REV.)**
 CITY-ST-ZIP **8000 SUNRISE LKS DR N. Bldg 24/301**
SUNRISE FL 33322

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **LEVY, MYRNA**
 CITY-ST-ZIP **3000 NW 48TH TERR**
LAUDERDALE LAKES FL 33313

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **TRENT, MICHAEL**
 CITY-ST-ZIP **1454 NE 57TH ST**
FT LAUDERDALE FL 33334

TITLE ☐ Change ☒ Addition
 NAME **SD**
 STREET ADDRESS **JANKELEVICH, SHERRY**
 CITY-ST-ZIP **7361 SW 26 CT**
DAVIE FL 33314

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **LOUGHAN, PATRICIA (REV)**
 CITY-ST-ZIP **49A SE 10 TERR**
DANIA FL 33004

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **TRENT, MICHAEL**
 CITY-ST-ZIP **1454 NE 57ST**
FT. LAUDERDALE FL 33334

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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.

SIGNATURE: *Rev. Bea A. Nagel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2000 (954) 748-7111
 Date Daytime Phone #