

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90050 044 *****70.00

0015489

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2666186

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NAGEL, BEA A. (REV)
8000 SUNRISE LKS DR NORTH
24/301
SUNRISE FL 33322**

Name

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

City

FL

Zip Code

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

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

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

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

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

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

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

TITLE **SD** ☒ Change ☒ Addition
NAME **BEAVINS, CHARLES**
STREET ADDRESS **1450 SHERIDAN ST #10**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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:

SKINABUREAU

1/20/02 954-748-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)