2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # N9600004829

1. Entity Name

HOLLYWOOD PLACE CONDOMINIUM, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90101 005 ****61.25

	lace of Busines			ling Address	<u> </u>		_				
4565 SOUTHWEST 38TH TERRACE 456 FORT LAUDERDALE FL 33316 FOR			4565 FOR	65 SOUTHWEST 38TH TERRACE ORT LAUDERDALE FL 33316			0001011				
2. Principal Place of Business 3. M			Mailing Address								
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			1	City & State			4. FE! Number 65-0048587 Applied For				
Zip Country			Z	Zip Co.		<u> </u>	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registe	red Agent			7 Name and Adds	ess of New Registered A		ea	
					Na	me	7. Name and Addi	ess of New Negistered A	gent		_
FERNANDEZ, FABIAN 4565 SOUTHWEST 38TH TERRACE					Stre	Street Address (P.O. Box Number is Not Acceptable)					\dashv
	AUDERDALE				 -	-					4
					City			FL	Zip Cod		$\frac{1}{2}$
8. The above the obligation of the obligation of the control of th	re named entity ations of regist	submits this statement for ered agent.	the pur	pose of changing its re	egistered office	ce or register	red agent, or both, in th	ne State of Florida. I am fa	l miliar with,	and accept	1
											ļ
SIGNATURE											ļ
	Signature, typed	or printed name of registered agent a	nd title if ap	plicable. (NOTE: I	Registered Agent	signature required	when reinstating)	DATE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make Check Payable to Added to Fees Florida Department of State					
10.		OFFICERS AND DIR	ECTORS	<u> </u>	11.		ADDITIONS (CHANGES	TO OFFICERS AND DIRE	OTODO		╁
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NAME STREET ADDRESS		EZ, FABIAN			NAME			·		☐ Addition	
CITY-ST-ZIP	FORT LAU	THWEST 38TH TERRAC DERDALE FL 33316	E		STREET ADDRE	ESS					
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12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3/10/03

7704654

☐ Change

Addition