

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000005026**1. Entity Name
FIESTA TROPICALE OF HOLLYWOOD, INC.Principal Place of Business
1940 HARRISON STREET
ME22.B
HOLLYWOOD FL 33020
USMailing Address
POST OFFICE BOX 510
HOLLYWOOD FL 3302205102. Principal Place of Business
407 SOUTH 21ST AVENUE3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD FLCity & State
HOLLYWOOD FLZip
33020Country
USZip
33020Country
USCountry
US4. FEI Number
65-0782522Applied For
Not Applicable5. 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
ERICKSON JUDY AEXECUTI
Street Address (P.O. Box Number is Not Acceptable)
401 SOUTH 21ST AVENUE
City
HOLLYWOOD FL Zip Code
33020

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 **JUDY A. ERICKSON** **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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

TITLE D ☐ Delete
NAME COPELAND STACY
STREET ADDRESS 4992 SW 31 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33312TITLE D ☐ Delete
NAME VIRGO CHERYL
STREET ADDRESS 3124 S.W. 50 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33312TITLE S ☐ Delete
NAME KRAMER GARY
STREET ADDRESS 1238 POLK STREET
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE TT ☐ Delete
NAME SPITZER KAY
STREET ADDRESS 1850 MONROE STREET
CITY-ST-ZIP HOLLYWOOD FL 33020TITLE VP ☐ Delete
NAME STENGEL JOHN
STREET ADDRESS 3501 N. 54 AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE P ☐ Delete
NAME ERICKSON DAVID
STREET ADDRESS 1460 SHERIDAN ST. #13
CITY-ST-ZIP HOLLYWOOD FL 33020

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME SEIDMAN DALE
STREET ADDRESS 17637 SW 11 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☒ Change ☐ Addition
NAME KLEIN DOROTHY
STREET ADDRESS 2010 NW 150TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33028TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P ☒ Change ☐ Addition
NAME ERICKSON DAVID
STREET ADDRESS 2249 JOHNSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **DAVID ERICKSON** P **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)