

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90200 029 ****61.25

DOCUMENT # N98000003571

1. Entity Name

NEW ERA OF HOLLYWOOD, INC.

B0132471

Principal Place of Business

Mailing Address

1931 PEMBROKE RD.
 HOLLYWOOD FL 33020

1931 PEMBROKE RD.
 HOLLYWOOD FL 33020

2324 North Dixie Hwy.
 Hollywood Fla. 33020-6326

2324 North Dixie Hwy.
 Hollywood Florida 33020

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

2324 North Dixie Hwy.
 Hollywood Fla. 33020-6326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

Hollywood Florida

City & State

Hollywood Florida

Zip

Country

33020-6326

Broward

Zip

Country

33020-6326

Broward

4. FEI Number

65-0887233

Applied For

Not Applicable

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

OLOFIN, A.J. REV.
 1931 PEMBROKE RD.
 HOLLYWOOD FL 33020

Rev. A.J. Olofin
 2324 North Dixie Hwy.
 Hollywood Florida
 33020-6326

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)

5/26/02

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	DP	<input type="checkbox"/> Delete
NAME	OLOFIN, A.J. REV.	
STREET ADDRESS	2506 FUNSTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SUNDAY, LOLA	
STREET ADDRESS	2506 FUNSTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OLOFIN, SADE A	
STREET ADDRESS	2506 FUNSTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)