

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

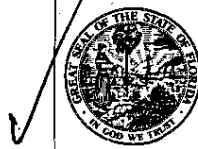
FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91155 033 *****61.25

DOCUMENT # N98000003571

1. Entity Name

NEW ERA OF HOLLYWOOD, INC.



Principal Place of Business

**2324 NORTH DIXIE HWY
HOLLYWOOD FL 33020-6326**

Mailing Address

**2324 NORTH DIXIE HWY
HOLLYWOOD FL 33020-6326**

11040707

2. Principal Place of Business

2324 North Dixie Hwy.

Suite, Apt. #, etc.

Hollywood Florida

City & State

Hollywood Florida

Zip

33020

Country

USA

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

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

OLOFIN, A.J. REV.

2324 NORTH DIXIE HWY

HOLLYWOOD FL 33020-6326

7. Name and Address of New Registered Agent

Name

NONE

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

City

NONE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **OLOFIN, A.J. REV.**
STREET ADDRESS **2506 FUNSTON ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **DS** ☐ Delete
NAME **SUNDAY, LOLA**
STREET ADDRESS **2506 FUNSTON ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **DT** ☐ Delete
NAME **OLOFIN, SADE A**
STREET ADDRESS **2506 FUNSTON ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

SIGNATURE REQUIRED

3/11/03

CR2E037 (10/02)