

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90037 039 ***150.00

0332371 AV

DOCUMENT # P00000042658

1. Entity Name
HOLLYWOOD FILM & POST, INC.

Principal Place of Business

4525 SHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address

4525 SHERIDAN STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

235 South 21st Ave

Suite, Apt. #, etc.

3. Mailing Address

235 South 21st Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL 33020

Zip

Country

U.S.A.

City & State

Hollywood, FL

Zip

Country

U.S.A.

4. FEI Number

65-1021022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHREIBER, FRANCES
ONE NE 2ND AVE., STE. 204
MIAMI FL 33132

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KLATMAN, MARK**
STREET ADDRESS **4525 SHERIDAN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **V-President Director**
STREET ADDRESS **Mark Klatman**
CITY-ST-ZIP **235 S. 21st Ave**
Hollywood, FL 33020
TITLE ☒ Change ☐ Addition
NAME **President's Sec. Treas.**
STREET ADDRESS **President's GINA KLATMAN**
CITY-ST-ZIP **(SAME ADDRESS)**

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Klatman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/02 954-929-4665

CR2E031 (9/01)