## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 30, 2001 8:00 am Secretary of State DOCUMENT # P0000051769 1. Entity Name 05-30-2001 90029 036 \*\*\*150.00 HOLLYWOOD CORPORATE CENTRE, INC. Principal Place of Business Mailing Address 2117 HOLLYWOOD BLVD. 2117 HOLLYWOOD BLVD. SHITE #7 SUITE #7 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2117 HOLLYWOOD BLUD 2117 HOLLYWOOD BLUP Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For ballwood 65-1010668 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEAUCHAMP, YVES Street Address (P.O. Box Number is Not Acceptable) 2117 HOLLYWOOD BLVD. SUITE #7 HOLLYWOOD FL 33020 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOT at Registered Agent signature required when reinstating) FILE NOW !!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2(01 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE NAME BEAUCHAMP, YVES NAME 2117 AULLY WOOD BLUD STREET ADDRESS STREET ADDRESS 2117 HOLLYWOOD BLVD. #7 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 **ZI** Change ☐ Addition Delete TITLE TITLE ISHMAN, ROBERT GARY NAME NAME AULLY WOOD BLUD STREET ADDRESS 2117 HOLLYWOOD BLVD. #7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED