

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054190

1. Entity Name

HOLLYWOOD AEROBATICS, INC.

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90379 039 \*\*\*150.00

Principal Place of Business

20117 S.W. 54TH PLACE  
FORT LAUDERDALE FL 33332

Mailing Address

~~20117 S.W. 54TH PLACE~~  
~~FORT LAUDERDALE FL 33332~~

2. Principal Place of Business

3. Mailing Address

9990 S.W. 77 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 330

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33156

U.S.A.

4. FEI Number

65-1013695

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

~~SALCEDO, DANIEL R~~  
~~20117 S.W. 54TH PLACE~~  
~~FORT LAUDERDALE FL 33332~~

Name

John A. Margolis

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

9990 S.W. 77 Avenue

Suite 330

City

Miami

FL

Zip Code

33156

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)

3/26/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYRD, ALAN K	
STREET ADDRESS	497 SPINNAKER	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JAMES L	
STREET ADDRESS	2200 N.E. 33RD AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALCEDO, DANIEL R	
STREET ADDRESS	20117 S.W. 54TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Daniel R Salcedo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

954-434-1659

Daytime Phone #

CR2E034 (10/00)

027567