

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90053 007 \*\*\*150.00

**DOCUMENT # P00000061521**

1. Entity Name

**HOLLYWOOD BEACH GATE RESORT, INC.**

Principal Place of Business

Mailing Address

C/O MICHAEL J. MOSKOWITZ  
 2435 HOLLYWOOD BLVD., STE. 203  
 HOLLYWOOD FL 33020-6629

C/O MICHAEL J. MOSKOWITZ  
 2435 HOLLYWOOD BLVD., STE. 203  
 HOLLYWOOD FL 33020-6629

2. Principal Place of Business

**2525 N. State Rd. 7**

3. Mailing Address

**2525 N. State Rd. 7**

Suite, Apt. #, etc.

**Suite 205**

Suite, Apt. #, etc.

**Suite 205**

City & State

**Hollywood, FL**

City & State

**Hollywood, FL**

Zip

**33021-1362**

Country

**U.S.A.**

Zip

**33021-1362**

Country

**U.S.A.**

4. FEI Number

**65-1064329**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KATZ, GYORGY  
 C/O MICHAEL J. MOSKOWITZ  
 2435 HOLLYWOOD BLVD., STE. 203  
 HOLLYWOOD FL 33020-6629**

7. Name and Address of New Registered Agent

Name **Katz, Gyorgy c/o Michael J. Moskowitz**

Street Address (P.O. Box Number is Not Acceptable) **2525 N. State Rd. 7 - No. 205**

City **Hollywood**

**FL**

Zip Code

**33021-1362**

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)

**6-4-01**

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

TITLE **D** ☐ Delete  
 NAME **KATZ, GYORGY**  
 STREET ADDRESS **2435 HOLLYWOOD BLVD., STE. 203**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020-6629**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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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  
 STREET ADDRESS **2525 N. State Rd. 7 - Ste. 205**  
 CITY-ST-ZIP **Hollywood, FL 33021-1362**

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

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

TITLE ☐ Change ☐ Addition  
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 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: *Gyorgy Katz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (10/00)