## **2003 FOR PROFIT CORPORATION**

P00000061521

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name

HOLLYWOOD BEACH GATE RESORT, INC.

Zip Country Zip Country 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  Name  Sume  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City UNIV Isles Beach FL Zip Color  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  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	2525 N STATE SUITE 205		Mailing Address								
## HOLLYWOOD FL 33021-1382  ##		NOAD /	2525 N STATE ROAD 7								
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.		CL 22014 4202					1 (841) \$61 (61 ben) 4 bel) 6 bill \$610	<b>Ch</b> iii <b>Ch</b> ii <b>C</b>			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Signature of Status Desired  Signature, typed definition of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II  ITILE  NAME  STREET ADDRESS  STREET ADD	HOLLIWOOD	FL 33021-1302	HULLIWOOD FL 33021-1	302							
City & State  Country  Country  Country  S. Certificate of Status Desired  Status Desired  State Repulsed  Fee Required  Fee Required  Fee Required  Found  Name  Singert Address of New Registered Agent  Name  Singert Address (P.O. Box Number is Not Anogaptable)  City Not Repulsed Agent of State  Name  Singert Address (P.O. Box Number is Not Anogaptable)  City State Report is Not Anogaptable)  City State Address (P.O. Box Number is Not Anogaptable)  City Number is N	2. Principal P	lace of Business	3. Mailing Address								
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  KATZ, GYORGY  C/O MICHAEL J. MOSKOWITZ  2525 N STATE ROAD 7, STE 205  HOLLYWOOD FL 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE \$150.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  STREET ADD	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Sume  Sume  Sume  Sume  Start Address (P.O. Box Number is Not Acceptable)  Start Address (P.O. Box Number is Not Acceptable)  City Summer Su	City & State		City & State		<b>4.</b> F	65-1064329		Not Applicable			
KATZ, GYORGY C/O MICHAEL J. MOSKOWITZ 2525 N STATE ROAD 7, STE 205 HOLLYWOOD FL 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021-1362    Name   Street Address SCHOOL   Street Agent signature required when reinstelling)   S5.00 May Be Added to Fees   Addition   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   TITLE NAME STREET ADDRESS   STREET ADDRE	Zip	Country	Zip	Country		<b>5.</b> C	Certificate of Status Desired				
KATZ, GYORGY C/O MICHAEL J. MOSKOWITZ 2525 N STATE ROAD 7, STE 205 HOLLYWOOD FL 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyped Willing full or tregistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE		6. Name and Address of Current	Registered Agent			7. N	ame and Address of New Re	gistered Aç	jent		
C/O MICHAEL J. MOSKOWITZ  2525 N STATE ROAD 7, STE 205  HOLLYWOOD FL 33021-1362  Signature, typed of Princed White of registered agent, and talled if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  KATZ, GYORGY  STREET ADDRESS  CITY-ST-ZIP  Delete  NAME  STREET ADDRESS		Dhav			Name Same						
2525 N STATE ROAD 7, STE 205 HOLLYWOOD FL 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed dynamic flame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    Pare			Street Addue								
## Properties of Part Properties   Part Properties   Part Properties    ## Properties   Part Properties    ## Properties    #					100 6	<u> wyore</u>	M. ALA HICA	<del></del>			
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, typed distinct familiar by the state of Florida agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME KATZ, GYORGY STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021-1362  TITLE NAME STREET ADDRESS	** <u>*</u>										
the obligations of registered agent.  SIGNATURE    Signature, typed dystined Name of registered agent and title if epplicable.   (NOTE: Registered Agent signature required when reinsteting)   DATE	HOELIWO				Sunny	Isles	Beach	FL	Zip	160 <u> </u>	
SIGNATURE    Signature, typed definited fairle of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstelling)   DATE			r the purpose of changing its	s registered	office or red	istered age	ent, or both, in the State of Flori	da. I am fai	miliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	the obligati	ons of registered agent.									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS		Hong less						<u> </u>			
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  D  KATZ, GYORGY  STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL 33021-1362  TITLE  NAME  STREET ADDRESS	<del></del>		and title if applicable. (NO	TE: Registered Ag	gent signature rec	drited when tei	nstating)	DATE			
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME KATZ, GYORGY STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021-1362  TITLE NAME STREET ADDRESS	FI	LE NOW!!! FEE IS \$150.00					9. Election Campaign Fina	neing	\$5.0	<b>0</b> May Be	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS							Trust Fund Contribution.		Added	to Fees	
NAME STREET ADDRESS CITY-ST-ZIP  KATZ, GYORGY 2525 N STATE ROAD 7, STE 205 HOLLYWOOD FL 33021-1362  TITLE NAME STREET ADDRESS	10.	OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 11	
THILE Delete TITLE Change Addition  NAME  STREET ADDRESS  TITLE  STREET ADDRESS  TITLE  STREET ADDRESS		-	Delete	TITLE					Change	Addition	
THILE Delete TITLE Change Addition  NAME  STREET ADDRESS  TITLE  STREET ADDRESS  TITLE  STREET ADDRESS				NAME	L.	ATZ 10	syolgy				
THILE Delete TITLE Change Addition  NAME  STREET ADDRESS  TITLE  STREET ADDRESS  TITLE  STREET ADDRESS					DDRESS C	oo Roa	julew Ur#1928				
NAME STREET ADDRESS NAME STREET ADDRESS	CITY-ST-ZIP	HOLLYWOOD FL 33021-1362			-ZIP <b> 5</b> 4	<u>ınny 15</u>	kes beach H. 3316				
STREET ADDRESS STREET ADDRESS	1		☐ Delete					ĺ	Change	Addition	
					nnpece						
	Į.										
TITLE Delete TITLE _ Change Addition	TITLE		_ Delete	TITLE					Change	☐ Addition	
NAME NAME	NAME			NAME				•			
STREET ADDRESS STREET ADDRESS	1										
CITY-ST-ZIP CITY-ST-ZIP				<del>-</del>	ZIP			<del> </del>			
TITLE   Delete   TITLE   Change   Addition	1		∟J Delete					ĺ	Change	Addition	
NAME STREET ADDRESS STREET ADDRESS	I				nnoces						
CITY-ST-ZIP CITY-ST-ZIP	1										
TITLE         Delete         TITLE         Change         Addition	TITLE		☐ Delete	TITLE				-	Change	☐ Addition	
NAME NAME	NAME			NAME							
STREET ADDRESS STREET ADDRESS	i i									į	
City-St-7IP	CITY-ST-ZIP			CITY-ST-	ZIP						
	TITLE		☐ Delete	TITLE				(	Change	☐ Addition	

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 607, 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:** 

CITY-ST-ZIP

Date

Daytime Phone #

**FILED** 

05-05-2003 90136 028 \*\*\*150.00

May 05, 2003 8:00 am Secretary of State

CR2E034 (10/02)