

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078803

1. Entity Name

HOLLYWOOD DREAM HOMES, INC.

Principal Place of Business

Mailing Address

455 GOLDEN ISLES DRIVE #103  
HALLANDALE FL 33009

455 GOLDEN ISLES DRIVE #103  
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

212 THREE ISLANDS BLVD.  
Suite, Apt. #, etc.  
302

212 THREE ISLANDS BLVD  
Suite, Apt. #, etc.  
302

City & State

City & State

HALLANDALE, FLORIDA

HALLANDALE, FLORIDA

Zip

Country

Zip

Country

33009

U.S.A.

33009

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIFRONY, MATTHEW  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE FL 33301

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, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Delete |
| PRESIDENT<br>CLAUDETTE WEISER<br>212 THREE ISLANDS BLVD #302<br>HALLANDALE, FL 33009 |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Delete |
|  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90014 039 \*\*\*150.00

00003942



DO NOT WRITE IN THIS SPACE

0086749

CR2E034 (10/00)