## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P0000092248

1. Entity Name

HOLLYWOOD HILLS INVESTMENTS CORP

## FILED Apr 24, 2001 8:00 am Secretary of State

04-24-2001 90332 035 \*\*\*150 00

Principal Place of Business Mailing Address 2875 N.E. 191\$T STREET. PH 3A 2875 N.E. 191ST STREET, PH 3A AVENTURA FL 33180 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address 3440 HOLLU WOW BUND 3440 HOLLYWUDD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3<u>60</u> **360** City & State City & State 4. FEI Number. Applied For 3663 HOLLUWOOS Not Applicable Zip \$8.75 Additional .S.A. 5. Certificate of Status Desired 33021 Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Roth, Leonarda A. Esqu Street Address (P.O. Box Number is Not Acceptable) ROTH, LEONARDO A ESQ. 2875 N.E. 191ST STREET, PH 3A Hally wood **AVENTURA FL 33180** Zip Code ام م س ب 33001 be of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity omits this statemen (NOTE: 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. · Addition PTD TITLE Change ☐ Delete TITLE SALMAN, AMAR NAME NAME STREET ADDRESS STREET ADDRESS 2875 N.E. 191ST STREET, PH 3A CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Change ☐ Addition Delete TITI F TITLE VSD NAME NAME KARP, GUSTAVO STREET ADDRESS STREET ADDRESS 2875 N.E. 191ST STREET, PH 3A CITY-ST-ZIP CITY-ST-7IP **AVENTURA FL 33180** Change **X** Addition TITLE **V**5D Delete TITLE Judith Aronson JUNITH ARONSON NAME NAME 140 HOLLYWOOD BLVD # 360 Holly wood, Florida 33041 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLU WOOD CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: