2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2003 8:00 am Secretary of State

DOCUMENT # P01000040* 1. Entity Name HOLLYWOOD PC TECH, INC. Principal Place of Business	728 Mailing Address		05-07-2003 90	178 027 ***150.00
2830 N. 36 AVE. HOLLYWOOD, FL 33021	2830 N. 36 AVE. HOLLYWOOD, FL 33021			11))
2. Principal Place of Business 5315 GARFIELD ST Suite, Apt. #, etc. 3. Mailing Address 5315 GARFIELD ST Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
HOLLYWOOD, FL	City & State Hollywoo		4. FEI Number 65-1095426	Applied For Not Applicable
Zip Country 3302/ 6. Name and Address of Current	Zip 33021 Registered Agent	Country	Certificate of Status Desired Name and Address of New Register	Fee Required
BEANS, ROBERT 8830 N. 36 AVE. HOLLYWOOD, FL 33021		EANS ROBERT (P.O. Box Number is Not Acceptable)		
···			IS GARFIELD ST LLYWOOD	FL Zin Coole
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 of substance of subst				
FILE NOWILL FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department	of State	-	9. Election Campaign Financing Trust Fund Contribution.	☐ Added to Fees
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS	
TITLE P NAME BEANS, ROBERT STREET ADDRESS 2830 N 36 AVE COTY-S1-ZIP HOLLYWOOD, FL 33021	☐ Delete	NAME BE STREET ADDRESS 537	CESIDENT ANS ROBERT IS GARFIELD STREET LLYWOOD, FL 33021	Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Cha
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	CC7BC00, FC 33021	Change Addition
NAME STREET ADDRESS CITY-ST-2IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TILE NAME STREET ADDRESS CITY-ST-2P	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS ,CITY-S1-2P	□ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP -		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI), 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: TO best TOLAND HOBERT BEANS 4/30/03 954-559-8785				