

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90003 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000118028**
 1. Entity Name

Hollywood Beach Bungalows, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2401 N. Ocean Drive

Suite, Apt. #, etc.

3. Mailing Address

2401 N. Ocean Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

City & State

Hollywood FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33019

Country

USA

Zip

33019

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Louis C. Arslanian

Street Address (P.O. Box Number is Not Acceptable)

2500 Hollywood Blvd., #302

City

Hollywood

FL

Zip Code

33020

DO NOT WRITE IN THIS SPACE

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 controlling)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT

NAME

JON ALTON

STREET ADDRESS

2401 N. Ocean Drive

CITY - ST - ZIP

Hollywood, FL 33019

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VICE-PRESIDENT

NAME

JOHN MAC DOUGAL

STREET ADDRESS

2401 N. Ocean Drive

CITY - ST - ZIP

Hollywood, FL 33019

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PRESIDENT

06-19-02 954-4789537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 28, 2002

HOLLYWOOD BEACH BUNGALOWS, INC.
2401 N. OCEAN DR., APT. 1
HOLLYWOOD, FL 33019

SUBJECT: HOLLYWOOD BEACH BUNGALOWS, INC.
Ref. Number: P01000118028

675718

We have received your document for HOLLYWOOD BEACH BUNGALOWS, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 402A00041400

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment
P01000108026
675718

DOCUMENT # 1. Entity Name Hollywood Beach Bungalows, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2401 N. Ocean Drive Suite, Apt. #, etc.		3. Mailing Address 2401 N. Ocean Drive Suite, Apt. #, etc.	
City & State Hollywood, FL Zip 33019 Country USA		City & State Hollywood, FL Zip 33019 Country USA	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent Name Louis C. Arslanian Street Address (P.O. Box Number is Not Acceptable) 2502 Hollywood Blvd., #302 City Hollywood FL Zip Code 33020			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small> DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT JON ALTON 2401 N. Ocean Drive Hollywood, FL 33019		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP VICE-PRESIDENT JOHN MAC DOUGAL 2401 N. Ocean Drive Hollywood, FL 33019		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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SIGNATURE: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 06-19-02 Daytime Phone 954-4789537	

CR2E0348 (12/01)

Attachment # PA 1000118028 / 675718
Hollywood Beach Bungalows, Inc.

2401 N. Ocean Drive, Hollywood, Florida 33019
(954) 924-9345

June 19, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

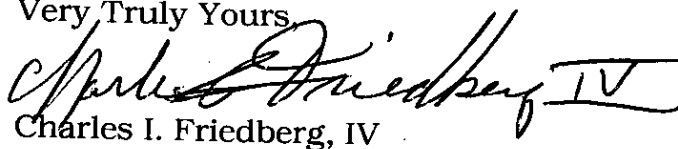
Re: Uniform Business Report.

Dear Sir or Madam,

I am writing this letter upon advice from one of the assistants who I spoke with yesterday. While I now understand that the enclosed UBR was due on May 1, 2002, I really was not aware of this requirement previously. I have been ill and unable to look after my business affairs properly. For this reason, I am transferring the corporation to the new officers and directors listed in the enclosed UBR. For this reason, I am requesting a waiver of the increased fee and that the enclosed \$150.00 will satisfy the filing fee.

Any courtesies which you would extend to me under these circumstances would be greatly appreciated. Additionally, the persons to whom I have transferred the corporation would be prejudiced by my inaction.

Very Truly Yours,


Charles I. Friedberg, IV



Attachment

2310 Hollywood Blvd., Hollywood, FL 33020
1515 N. Federal Highway, Boca Raton, FL 33432

954-921-4600 * 305-652-1177 * 561-241-4292 * Fax: 954-921-5288

e-mail - hwdcpa2310@aol.com

July 26, 2002

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Hollywood Beach Bungalows, Inc.
Reference #P01000118028

675718

Dear Sirs:

We have been requested by the above-referenced client of this office to assist them in filing their Corporate Annual Report.

Enclosed please find previous correspondence allowing them to file in a timely fashion, with your agreed extension.

Also please find enclosed their Application for an SS-4 Form which has been faxed to the Internal Revenue Service. We expect to receive the Employer Identification Number within the next week. Please provide us with a fax number so we might fax this to you upon our receipt.

Should you have any questions, please feel free to contact me.

Very truly yours,

Martin Gerber CPA

Martin Gerber, CPA, ABV

MG:mc
Enclosures

Attachment 675718
#PO/000118028 *12A* *631-687-3993*
Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN
OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

HOLLYWOOD BEACH BUNGALOWS, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

2401 N OCEAN DRIVE APT 1

5a Street address (if different) (Do not enter a P.O. box.)

SAME

4b City, state, and ZIP code

HOLLYWOOD, FL 33019

5b City, state, and ZIP code

SAME

6 County and state where principal business is located

BROWARD, FL

7a Name of principal officer, general partner, grantor, owner, or trustor

JOHN MAC DOUGAL

7b SSN, ITIN, or EIN

157-64-2928

8a Type of entity (check only one box)

☐ Sole proprietor (SSN).

☐ Partnership

☒ Corporation (enter form number to be filed) ▶ 1120S

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☐ Other (specify) ▶

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ State/local government

☐ Farmers' cooperative

☐ Federal government/military

☐ REMIC

☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FLORIDA

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶ RENTALS

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

7/1/02

11 Closing month of accounting year

12/31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-"

Agricultural

Household

Other

0

0

0

14 Check one box that best describes the principal activity of your business.

☐ Construction

☒ Rental & leasing

☐ Transportation & warehousing

☐ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☐ Other (specify)

☐ Wholesale-agent/broker

☐ Wholesale-other

☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

BUNGALOW RENTALS

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

MARTIN GERBER, CPA

Designee's telephone number (include area code)
(954) 921-4600

Address and ZIP code

2310 HOLLYWOOD BLVD., HOLLYWOOD, FL 33020

Designee's fax number (include area code)
954-921-5288

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ JOHN MAC DOUGAL, PRESIDENT

Signature ▶

Date ▶ 7/26/02

Applicant's telephone number (include area code)
954-540-4918

Applicant's fax number (include area code)
954-921-5288