

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 03, 2003 8:00 am
Secretary of State

03-21-2003 90124 018 ***150.00

DOCUMENT # P02000007010

1. Entity Name
HOLLYWOOD BEACH PROPERTIES, INC.



Principal Place of Business
315 OREGON STREET
HOLLYWOOD BEACH FL 33019

Mailing Address
315 OREGON STREET
HOLLYWOOD BEACH FL 33019



2. Principal Place of Business
201 VAN BUREN ST

3. Mailing Address
101 N. OCEAN DR

Suite, Apt. #, etc.
#104

Suite, Apt. #, etc.
#116

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33019

Zip
33019

Country
BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERSHMAN, LAWRENCE M
315 OREGON STREET
HOLLYWOOD BEACH FL 33019

7. Name and Address of New Registered Agent

Name

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

201 VAN BUREN ST

#104

City

Hollywood

FL

Zip Code

33019

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

LAWRENCE M. HERSHMAN 3/18/03

FILE NOW!!! - 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.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
HERSHMAN, LAWRENCE M
STREET ADDRESS
315 OREGON STREET
CITY - ST - ZIP
HOLLYWOOD BEACH FL 33019

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
LAWRENCE M. HERSHMAN
STREET ADDRESS
201 VAN BUREN ST
CITY - ST - ZIP
HOLLYWOOD, FL 33019

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

954 925 5788

CR2E034 (10/02)