## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

Principal Place of Business

**SIGNATURE:** 

P02000019359

Mailing Address

1. Entity Name

HOLLYWOOD TOWNHOUSES, INC.



## FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90444 023 \*\*\*150.00

C/O ROTH RO 3440 HOLLYW HOLLYWOOD	OOD BLVD S		C/O ROTH ROUSSO & DARRACH PA 3440 HOLLYWOOD BLVD STE 380 HOLLYWOOD FL 33021				
2. Principal Place of Business			3. Mailing Address		T THE RECORD A THE BOULD ENGINE BOOKE BOOKE OUT TO THE FOLLOWING STATES AND A PART OF THE PROPERTY OF THE PROP		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & Stat	e		City & State		4. FEI Number 3-4214089 Applied For Not Applicable	l	
Zip		Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	i	
	6. Name	and Address of Current R	egistered Agent	<del>'</del>	7. Name and Address of New Registered Agent		
				Name			
ROTH, LEONARDO A ESQ C/O ROTH ROUSSO & DARRACH PA				Street Addres	ress (P.O. Box Number is Not Acceptable)	l	
						ı	
ā		BLVD STE 360				ı	
•	OD FL 330	/)		City	FL Zip Code	İ	
8. The above the obligat SIGNATURE	ions of regist	y submits this statement for lered ageo	lo Al	its registered office or regis	required when reinstating)  registered agent, or both, in the State of Florida. I am familiar with, and accept  RECURSION A. POTH ESQ 217 03  DATE		
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 Florida Department of \$	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.		OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	-	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		, Jose Lywood Blvd Ste 360 Od Fl 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	00/01/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3440 HOL	, FERNANDO LYWOOD BLVD STE 360 OD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	ć	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3440 HOL	IN, RUBEN LYWOOD BLVD STE 360 OD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-SI-ZIP		$\mathcal{Y}$	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
indicated of the cor	on this repor poration or th	e information upplied with the tor supplier ental report is the receiver or trustee empowers with with an address, wi	rue and accurate and tha rered to execute this repo	t my signature shall have th ort as required by Chapter 6	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		