FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90073 019 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047579

1. Entity Name
HOLLYWOOD IMMIGRATION CLINIC, INC.

10091533

Principal Place of Business	Mailing Address
4437 HOLLYWOOD BLVD, SUITE C HOLLYWOOD, FL 33021	4437 HOLLYWOOD BLVD, SUITE C HOLLYWOOD, FL 33021

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4437 Hollywood Blvd.	4437 Hollywood Blvd.
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.: Suite C
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021 Country: USA	Zip: 33021 Country: USA

4. FEI Number: 65-0365883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, JOHN P 2499 GLADES RD, SUITE 306A BOCA RATON, FL 33431	Name: Brian Lynn, C.P.A. Street Address (P.O. Box Number is Not Acceptable): 2 South University Drive Suite 215 City: Plantation FL Zip Code: 33324

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: Brian L[illegible] DATE: 4/28/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 $400 will be added
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES, JUDD 4437 HOLLYWOOD BLVD, SUITE C HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Judd James, Pres. 04-28-03 954-894-6700
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #