

2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90084 048 ***150.00

DOCUMENT #	P05000097070
1. Entity Name	
HOLLYWOOD CITGO INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3000 JOHNSON STREET		8360 W FLAGLER STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
HOLLYWOOD, FL		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33021	US	33144	US

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
84-1684391	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
HERNANDEZ, FRANCISCO M.	
Street Address (P.O. Box Number is Not Acceptable)	
1801 SOUTH TREASURE DRIVE	
City	Zip Code
N. BAY VILLAGE	FL 33141

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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.	
TITLE	PD	TITLE		TITLE	
NAME	HERNANDEZ, FRANCISCO M.	NAME		NAME	
STREET ADDRESS	1801 SOUTH TREASURE DRIVE	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO M. HERNANDEZ, PRES

Date

Daytime Phone #