2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000048357** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name HOLLYWOOD OAKS DEVELOPMENT CORP. 04-21-2000 90182 017 ***158.75 Principal Place of Business Mailing Address 5675 SW 35 AVE 5675 SW 35 AVE FT LAUDERDALE FL 33312-6373 FT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address riffin Rd 3201 W. Griffin **3**201 W Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. 106 100 Applied For 4. FEI Number City & State City & State 65-0521241 Not Applicable Dania 9010 Country U-S \$8.75 Additional Zip Country 5. Certificate of Status Desired 33312 312 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Deckelbaum, Gordon DECKELBAUM, GORDON Street Address (P.O. Box Number is Not Acceptable) 5675 SW 35 AVE HOLLYWOOD FL 33312 406 City nia Beach 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. α \cup γ SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPST TITLE Change Addition ☐ Delete TITLE Deckelbaum, Gordon 3201 W. Griffin Rd DECKELBAUM, GORDON NAME NAME #100 STREET ADDRESS STREET ADDRESS 5675 SW 35 AVE 33312 CITY-ST-ZIP Dania Beach, FL CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19/99