

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90084 047 ***150.00

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DOCUMENT # P96000014617

1. Entity Name

HOLLYWOOD HOTELS MANAGEMENT, INC.

Principal Place of Business

~~1825 HARRISON STREET~~
~~HOLLYWOOD FL 33020~~

Mailing Address

~~1926 HOLLYWOOD BLVD. SUITE 204~~
~~HOLLYWOOD FL 33020~~



2. Principal Place of Business

3. Mailing Address

19707 Turnberry Way
 Suite, Apt. #, etc. 5J

19707 Turnberry Way
 Suite, Apt. #, etc. 5J

DO NOT WRITE IN THIS SPACE

City & State

Aventura FL

City & State

Aventura FL

4. FEI Number

65-0640286

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, JUDITH
1926 HOLLYWOOD BLVD. SUITE 204
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name **Greenberg, Judith**
 Street Address (P.O. Box Number is Not Acceptable) **19707 Turnberry Way**
5J
 City **Aventura** **FL** Zip Code **33180**

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.

SIGNATURE

[Signature]

1/13/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GREENBERG, JUDITH	
STREET ADDRESS	1926 HOLLYWOOD BLVD., SUITE 204	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenberg, Judith	
STREET ADDRESS	19707 Turnberry Way 5J	
CITY-ST-ZIP	Aventura FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/02 305-682-7848

CP2E034 (9/01)