

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90073 004 \*\*\*150.00

**DOCUMENT # P96000045489**

1. Entity Name  
**HOLLYWOOD CONCESSIONS, INC.**

Principal Place of Business      Mailing Address  
**831 N. FEDERAL HWY.**      **831 N. FEDERAL HWY.**  
**HALLANDALE FL 33009**      **HALLANDALE FL 33009**

00043330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0678606**       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**

**ADKINS, DANIEL K**  
**831 N. FEDERAL HWY.**  
**HALLANDALE FL 33009**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HARTMAN, BERNARD</b>
STREET ADDRESS	<b>1251 S.E. 7TH AVE., BLDG. 3, #108</b>
CITY-ST-ZIP	<b>DANIA FL 33004</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TYNER, HERBERT</b>
STREET ADDRESS	<b>997 S. OCEAN BLVD.</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>
TITLE	<b>M</b> <input type="checkbox"/> Delete
NAME	<b>ADKINS, DANIEL K</b>
STREET ADDRESS	<b>831 N FEDERAL HWY</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**2-6-02**  
 Date

**954.924.3200**  
 Daytime Phone #

CR2E034 (9/01)