

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000051016

1. Entity Name
HOLLYWOOD PARK PHASE II, INC.



Principal Place of Business
3807 N 29TH AVE
HOLLYWOOD, FL 33020

Mailing Address
3807 N 29TH AVE
HOLLYWOOD, FL 33020



01232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0678909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MANDEL, MARVIN
3807 N 29 TH AVE
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANDEL, MARVIN
STREET ADDRESS	3807 N 29 TH AVE
CITY - ST - ZIP	HOLLYWOOD, FL 33020

TITLE	D
NAME	BIELER, ARTHUR
STREET ADDRESS	3807 N 29 TH AVE
CITY - ST - ZIP	HOLLYWOOD, FL 33020

TITLE	D
NAME	BIELER, ROSE
STREET ADDRESS	3807 N 29 TH AVE
CITY - ST - ZIP	HOLLYWOOD, FL 33020

TITLE	D
NAME	HERSMAN, MOSES
STREET ADDRESS	3807 N 29 TH AVE
CITY - ST - ZIP	HOLLYWOOD, FL 33020

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000210835
02/02/05-80094-021 150.00

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2005 924-922-8500