

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057465

1. Entity Name

FEI HOLLYWOOD, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90098 018 ***150.00

Principal Place of Business

770 PALM BAY LANE
SUITE 5-H
MIAMI FL 33138

Mailing Address

P.O. BOX 191131
MIAMI BEACH FL 33138-5764

2. Principal Place of Business

1955 Harrison St

Suite, Apt. #, etc.

3. Mailing Address

770 NE 69th St.

Suite, Apt. #, etc.

5-H

City & State

Hollywood, FL

City & State

Miami, FL

Zip 33020

Country USA

Zip 33138

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0680498

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

MARCUS, ALAN J
20803 BISCAYNE BLVD. STE 301
NO MIAMI BEACH FL 33180

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

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, 2000 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 PSTD
NAME CRITCHETT, DAN
STREET ADDRESS 770 PALM BAY LN 6-I
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)