

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059879

1. Entity Name
SRP HOLLYWOOD, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90155 024 ***150.00

Principal Place of Business

C/O ALLEN J. RAPOPORT
999 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

C/O ALLEN J. RAPOPORT
999 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

00000170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3675 SW 24th St.

Suite, Apt. #, etc.

3. Mailing Address

12645 SW 24th St.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number 65-0679574

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33176

Country

USA

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

RAPOPORT, ALLEN J
C/O ALLEN J. RAPOPORT
999 PONCE DE LEON BLVD. #1110
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

3675 SW 24th St.

City

MIAMI

FL

Zip Code

33145

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS RAPOPORT, ALLEN J
CITY-ST-ZIP 999 PONCE DE LEON BLVD. #1110
CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3675 SW 24th St.
CITY-ST-ZIP MIAMI FL. 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

ALLEN J. RAPOPORT

Date

4/12/01

Daytime Phone #

305-444-3571

CR2E034 (10/00)