

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90178 010 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000059879		
1. Entity Name SRP HOLLYWOOD, INC.		
Principal Place of Business 3675 SW 24 ST MIAMI, FL 33145		Mailing Address 12645 SW 24 ST MIAMI, FL 33176
2. Principal Place of Business		3. Mailing Address 12645 SW 24th Court
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State MIAMI, FL		City & State MIAMI, FL
Zip 33176	Country USA	4. FEI Number 65-0679574
5. Name and Address of Current Registered Agent RAPOPORT, ALLEN J 3675 SW 24 ST MIAMI, FL 33145		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent
Name		Name
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)
City		City
FL		Zip Code
B. 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 date if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D RAPOPORT, ALLEN J 3675 SW 24 ST MIAMI, FL 33145	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 another like empowered.		
SIGNATURE: ALLEN J. RAPOPORT PRES 4/21/03 305-4443511		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone		

11009991



☒ CHECK HERE IF MAKING CHANGES

CR2EG34 (10/02)