

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000010945**1. Entity Name
CENTRES HOLLYWOOD GP, INC.

Principal Place of Business C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD 53005 WS	Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD 53005 WS
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2. Principal Place of Business
C/O CENTRES INC.3. Mailing Address
C/O CENTRES INC.Suite, Apt. #, etc.
9130 S. DADELAND BLVD., #1528Suite, Apt. #, etc.
9130 S. DADELAND BLVD., #1528

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLCity & State
MIAMI FL4. FEI Number
39-1921508Applied For
Not ApplicableZip
33156Country
USZip
33156Country
US5. 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

SHEVIN ARNOLD D
TWO DATRON CENTER, #1528
9130 S DADELAND BLVD
MIAMI FL
33156

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 _____ DATE **02/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. 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	VST	☐ Delete
NAME	NENNIG MICHELLE M	
STREET ADDRESS	33185 N. 124TH ST, STE E	
CITY-ST-ZIP	BROOKFIELD WI 53005	

TITLE	VAST	☒ Change ☐ Addition
NAME	CHARLTON DAVID K	
STREET ADDRESS	9130 S. DADELAND BLVD., #1528	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	DP	☐ Delete
NAME	KARL KENNETH B	
STREET ADDRESS	9130 SOUTH DADELAND BLVD., SUITE 1528	
CITY-ST-ZIP	MIAMI FL 33156	

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

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		

TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DAVID K. CHARLTON

VAST 02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)