

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079112

1. Entity Name  
HOLLYWOOD ISLAND, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90448 028 \*\*\*150.00

Principal Place of Business  
1595 SEAGRAPE WAY  
HOLLYWOOD FL 33019

Mailing Address  
1595 SEAGRAPE WAY  
HOLLYWOOD FL 33019

817623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0876264	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		7. Name and Address of New Registered Agent	
ULFARSSON, OLGA 1595 SEAGRAPE WAY HOLLYWOOD FL 33019		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 *Olga Ulfarsson* DATE *1/20/91*

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULFARSSON, OLGA H	NAME	
STREET ADDRESS	1595 SEAGRAPE WAY	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULFARSSON, JACOB	NAME	
STREET ADDRESS	1595 SEAGRAPE WAY	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONSSON, GUDRY	NAME	
STREET ADDRESS	1785 SEAGRAPE WAY	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULFARSSON, OLAF S	NAME	
STREET ADDRESS	1595 SEAGRAPE WAY	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Olga Ulfarsson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/20/01* Daytime Phone #

CR2E034 (10/00)