

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90278 022 ***150.00

DOCUMENT # P98000096842

1. Entity Name

HOLLYWOOD ESTATE SALES AND APPRAISERS, INC.

Principal Place of Business

4900-Buchanan-Street
 Hollywood, FL-33024

Mailing Address

4900-Buchanan-Street
 Hollywood, FL-33021

2. Principal Place of Business

1940 Harrison Street

3. Mailing Address

1940 Harrison Street

Suite, Apt. #, etc.

Suite 300

City & State

Hollywood, FL

Suite, Apt. #, etc.

Suite 300

City & State

Hollywood, FL

4. FEI Number

Applied For

Not Applicable

Zip
 33020

Country
 USA

Zip
 33020

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

HOCHSZTEIN, FRED
 1940 HARRISON STREET 300
 HOLLYWOOD, FL 33020

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 Delete
 NAME FINKLE, MARILYN
 STREET ADDRESS 4900 Buchanan Street
 CITY-ST-ZIP Hollywood, FL 33022

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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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: Marilyn Finkle Marilyn Finkle, President 4/27/00 (954) 922-4679
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

950362

DO NOT WRITE IN THIS SPACE