

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052121

1. Entity Name

HOLY-WOOD, INC.

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90025 024 \*\*\*150.00

Principal Place of Business

701 POINSETTIA ROAD NO. 304  
BELLEAIR FL 33756

Mailing Address

701 POINSETTIA ROAD NO. 304  
BELLEAIR FL 33756-7716

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

59-3581422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALINDO, MAURICIO  
701 POINSETTIA ROAD NO. 304  
BELLEAIR FL 33756

Name HUGO DARIO CHAMORRO

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

6351 39TH ST N #240

City PINELL PARK FL

Zip Code 33781

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

HUGO DARIO CHAMORRO

01-25-00

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	PVSD	<input type="checkbox"/> Delete
NAME	CHAMORRO, HUGO DARIO	
STREET ADDRESS	701 POINSETTIA ROAD NO. 304	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GALINDO, MAURICIO	
STREET ADDRESS	2883 LOS GATOS	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

01-25-00

727-587-9411

CR2E034 (9/99)