

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068906

1. Entity Name

HOLLYWOOD BISTRO, INC.

**FILED**  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90097 004 \*\*\*550.00

Principal Place of Business

Mailing Address

%LAW OFFICE OF PETER LOBLACK, P.A.  
1031 IVES DAIRY ROAD SUITE 1031  
MIAMI FL 33179

%LAW OFFICE OF PETER LOBLACK, P.A.  
1031 IVES DAIRY ROAD SUITE 1031  
MIAMI FL 33179-2538

00057074



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

65-0941000

Applied For

Not Applicable

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

LOBLACK, PETER ESQ.  
OFFICE PARK AT THE CALIFORNIA CLUB  
1031 IVES DAIRY ROAD SUITE 1031  
MIAMI FL 33179

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	President & Director	<input type="checkbox"/> Delete
NAME	<del>Peter Loblack</del> Patrick Dixon	
STREET ADDRESS	1031 IVES DAIRY Rd., #125	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	Secretary & Director	<input type="checkbox"/> Delete
NAME	<del>Peter Loblack</del> Patrick Dixon	
STREET ADDRESS	1031 IVES DAIRY Rd., #125	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	Treasurer & Director	<input type="checkbox"/> Delete
NAME	<del>Peter Loblack</del> Patrick Dixon	
STREET ADDRESS	1031 IVES DAIRY Rd., #125	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Peter Loblack	
STREET ADDRESS	1031 IVES DAIRY Rd., #125	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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: Peter Loblack 5/17/00 (305) 493-4898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2 1034 (9/99)