Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jan 16, 2001 8:00 am Secretary of State DOCUMENT # P9900068906 HOLLYWOOD BISTRO, INC. 01-16-2001 90009 023 \*\*\*150 00 Principal Place of Business Mailing Address %LAW OFFICE OF PETER LOBLACK, P.A. %LAW OFFICE OF PETER LOBLACK, P.A. 1031 IVES DAIRY ROAD SUITE 1031 1031 IVES DAIRY ROAD SUITE 1031 601277 MIAMI FL 33179 MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address 2009 Harruson Street HARRIS 2009 Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0941000 woo Þ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33020 020 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOBLACK, PETER ESQ. Street Address (P.O. Box Number is Not Acceptable) OFFICE PARK AT THE CALIFORNIA CLUB 1031 IVES DAIRY ROAD SUITE 1031 **MIAMI FL 33179** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE □ Delete TITLE DIXON, PATRICK NAME NAME 1031 IVES DAIRY RD #125 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33179 ☐ Addition SD **Delete** □ Change TITLE DONALD LEAF NAME DIXON, PATRICK NAME 1031 IVES DAIRY RD #125 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33179** Addition ۔۔۔ پ TITLE ہے۔۔۔ JD. ☐ Delete TITLE DIXON, PATRICK NAME NAME STREET ADDRESS 1031 IVES DAIRY RD #125 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **MIAMI FL 33179** Change Uelete ☐ Addition TITLE TITLE thir suilsurpiac LOBLACK, PETER NAME NAME 3820 East LAKE 1031 IVES DAIRY RD #125 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **MIAMI FL 33179** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Change TITLE ☐ Defete NAMÉ 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR