

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Hollywood Neon, Inc.

Principal Place of Business

5950 Buchanan St.
Hollywood, FL 33021

Mailing Address

~~13940 SW 24 St~~
~~Davie, FL 33325~~
~~6741 NW 27 St~~
Sunrise, FL 33313

2. Principal Place of Business

3. Mailing Address

13940 SW 24 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Davie, FL

4. FEI Number

65-0219457

Applied For

Not Applicable

Zip

Country

Zip

Country

33325

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

Hilda Testa

Name

~~13940 SW 24 St~~ ~~6741 NW 27 St~~
~~Davie, FL 33325~~ Sunrise, FL
33313

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

13940 SW 24 St

City Davie

FL

Zip Code

33325

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	<input type="checkbox"/> Delete
NAME	David Testa	
STREET ADDRESS	13940 SW 24 St 6741 NW 27 St	
CITY-ST-ZIP	Davie, FL 33325 Sunrise FL	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	David Testa	
STREET ADDRESS	13940 SW 24 St 6741 NW 27 St	
CITY-ST-ZIP	Davie, FL 33325 Sunrise FL	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	David Testa	
STREET ADDRESS	13940 SW 24 St 6741 NW 27 St	
CITY-ST-ZIP	Davie, FL 33325 Sunrise FL	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Hilda Testa	
STREET ADDRESS	6741 NW 27 St	
CITY-ST-ZIP	Sunrise, FL 33313	
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	13940 SW 24 St	
CITY-ST-ZIP	Davie FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13940 SW 24 St	
CITY-ST-ZIP	Davie, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13940 SW 24 St	
CITY-ST-ZIP	Davie, FL 33325	
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		
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: Hilda Testa Hilda Testa, Secretary 4-14-00 954-577-3201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90095 037 ***150.00

C0072764

DO NOT WRITE IN THIS SPACE