

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90059 031 ***150.00

DOCUMENT # V74003

Entity Name

ABRAHAMS OF HOLLYWOOD, INC.

Principal Place of Business

**20 DIXIE HWY.
HOLLYWOOD FL 33020**

Mailing Address

**2420 DIXIE HWY
HOLLYWOOD FL 33020-1127
US**

Principal Place of Business

2832 STIRLING RD

3. Mailing Address

2832 STIRLING RD

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

SUITE F

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

65-0376156

Applied For

Not Applicable

Zip **33020**

Country

USZip **33020**

Country

US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****WEINBERG, STEVEN
8000 PETERS ROAD
2ND FLOOR
PLANTATION FL 33324****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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**

DELETE	P	<input type="checkbox"/> Delete
NAME	ABRAHAM, JOYCE	
STREET ADDRESS	2420 DIXIE HWY	
CITY-STATE-ZIP	HOLLYWOOD FL	
DELETE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
DELETE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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DELETE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
DELETE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12.**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, JOYCE	
STREET ADDRESS	2832 STIRLING RD, STE F	
CITY-STATE-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 3/18/00

Daytime Phone #

X 954-925-6377

CR2E034 (9/99)