2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2000 8:00 am Secretary of State DOCUMENT # **P94000064250** 1. Entity Name VF HOLLYWOOD OAKS, INC. 04-29-2000 90018 001 *4,800.00 Principal Place of Business Mailing Address % BROAD & CASSEL % BROAD & CASSEL 7777 GLADES RD., STE. 300 7777 GLADES RD., STE. 300 10673 **BOCA RATON FL 33434-4150 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3267037 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEUTCH, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) **BROAD & CASSEL** 7777 GLADES RD., STE. 300 **BOCA RATON FL 33434** Zip Code FL 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 . DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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. 12. **PSD** ☐ Change ☐ Addition ☐ Delete TITLE POMERANTZ, SAUL NAME 8600 DECARIE BLVD, STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOUNT ROAYAL QC CITY-SI-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE GATTINGER, FRANK NAME NAME 8600 DECARIE BLVD., STE 200 STREET ADDRESS STREET ADDRESS MOUNT ROYAL QC CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE Ralph Espesito Dr 7600 Decario Bhd. #200 MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Mount Royal (Oc) CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED MAKE

O SIGNING OFFICER OR DIRECTOR

☐ Delete

April 19 2000

514-341-8600

Daytime Phone #

☐ Change

Addition

CR2E034 (9/9