2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am Secretary of State DOCUMENT # **P94000064250** VF HOLLYWOOD OAKS, INC. 05-05-2001 90585 001 *4.950.00 Principal Place of Business Mailing Address % BROAD & CASSEL % BROAD & CASSEL 40689 7777 GLADES RD., STE. 300 7777 GLADES RD., STE. 300 **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3267037 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) PSD TITLE Delete TITLE Change Addition POMERANTZ, SAUL NAME NAME STREET ADDRESS 8600 DECARIE BLVD, STE 200 STREET ADDRESS CITY-ST-7IP CITY-ST-78P MOUNT ROAYAL QC □ Change ☐ Addition TVD ☐ Delete TITLE NAME GATTINGER, FRANK NAME STREET ADDRESS STREET ADDRESS 8600 DECARIE BLVD., STE 200 CITY-ST-ZIP MOUNT ROYAL QC CITY-ST-7IP Change TITLE asd ☐ Addition ☐ Delete TITLE ESPOSITO, RALPH JR NAME NAME STREET ADORESS STREET ADDRESS 8600 DECARIE BLVD #200 CITY-ST-7IP CITY-ST-7IP MT ROYAL, QC, CANADA ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND OR PRINTED NAME OF SIGNING OF 01.04.23

FILED