## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # 598450 Apr 29, 2000 8:00 am Secretary of State HOLDING CAPITAL GROUP INC. 04-29-2000 90012 008 \*\*\*150.00 Mailing Address Principal Place of Business 104 CRANDON BLVD 104 CRANDON BLVD SUITE #419 **SUITE 419** KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149-1542 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-2964405 Not Applicable Country \$8.75 Additional 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 SOTO, MYRNA Street Address (P.O. Box Number is Not Acceptable) 104 CRANDON BLVD #419 **KEY BISCAYNE FL 33149** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) 3. 48. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 3. 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. ☐ Addition ☐ Delete TITLE TITLE DONAGHY, JAMES W NAME NAME STREET ADDRESS STREET ADDRESS 7 RIDGEWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP **BRIDGEWATER CT 06752** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME DENIS, LYNNE NAME STREET ADDRESS 10 EAST 53RD STREET, 30TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** ☐ Change Addition ☐ Delete TITLE TITLE LEISCHNER, STEVEN NAME STREET ADDRESS 1979 DOGWOOD DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SCOTCH PLAINS NJ 07076 ☐ Delete ☐ Change ☐ Addition CD TITLE TITLE SPENCER, S.A. NAME NAME STREET ADDRESS 251 CRANDON BLVD., #164 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** ☐ Change ☐ Addition AS ☐ Delete TITLE TITLE CIPULLY, DIANE R. NAME NAME STREET ADDRESS 7 RIDGEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRIDGEWATER CT 06752 ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 attachine with an address, with all other like empowered.