

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90195 010 ****61.25

DOCUMENT # 721250

1. Entity Name

HOLIDAY APARTMENTS, INC.

Principal Place of Business

3212 NE 7TH PLACE
 APARTMENT 12A
 POMPANO BEACH FL 33062-4549
 US

Mailing Address

3212 NE 7TH PLACE
 APARTMENT 12A
 POMPANO BEACH FL 33062-4549
 US

00025391



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1799242

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANAHI, SHIRLEY
3212 N.E. 7TH PLACE
P.O. BOX 2852
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name **Gina Ruggiero**
 Street Address (P.O. Box Number is Not Acceptable)
3212 NE 7th Place, Apartment 12A
 City **Pompano Beach** **FL** Zip Code **33062**

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

Gina Ruggiero
 Signature, typed or printed name of registered agent and title if applicable.
Gina Ruggiero, Treasurer

2-8-01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOFFIT, JAMES	
STREET ADDRESS	3212 NE 7TH PLACE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, WAYNE	
STREET ADDRESS	3212 N.E. 7TH PLACE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	RUGGIERO, GINA	
STREET ADDRESS	3212 NE 7TH PL	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMARRELLI, JOHN	
STREET ADDRESS	3212 NE 7TH PL	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, LEE	
STREET ADDRESS	3212 NE 7TH PL	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" 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		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bednar, Sara	
STREET ADDRESS	3212 NE 7th Place, Apartment 11	
CITY-ST-ZIP	Pompano Beach, Florida 33062	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gina Ruggiero
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-01

(954) 785-1687

Date

Daytime Phone #

CR2E037 (10/00)