

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90068 028 ****61.25

0018041

DOCUMENT # 721250

1. Entity Name

HOLIDAY APARTMENTS, INC.

Principal Place of Business

Mailing Address

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

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

140120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1799242

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUGGIERO, GINA
 3212 N.E. 7TH PLACE
 APT 12A
 POMPANO BEACH FL 33062**

Name

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

City

FL

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)

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 type="checkbox"/> Delete
NAME	GORDON, WAYNE	
STREET ADDRESS	3212 N.E. 7TH PLACE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	<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	SD	<input checked="" type="checkbox"/> Delete
NAME	BEDNAR, SARA	
STREET ADDRESS	3212 NE 7TH PLACE APT 11	
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

February 1, 2002 (954) 785-1687

Date Daytime Phone #

CR2E037 (9/01)