

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90114 022 ***150.00

UBR0301
AV

DOCUMENT # P00000042388

1. Entity Name
HOLLY TRADING CORPORATION



Principal Place of Business
**2504 NW 2ND AVENUE
BOCA RATON FL 33431**

Mailing Address
**9868 SANDOLFOOT BLVD. #218
BOCA RATON FL 33428**



2. Principal Place of Business
2504 N.W. 2nd Ave

3. Mailing Address
9868 Sandolfoot Blvd # 218

Suite, Apt. #, etc.
West Palm Beach

Suite, Apt. #, etc.
West Palm Beach

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33431

Country
West Palm Beach

Zip
33428

Country
West Palm Beach

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1002801**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WU, PHILLIP
9868 SANDOLFOOT BLVD. SUITE 218
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent
Name **Wu, Mindy**
Street Address (P.O. Box Number is Not Acceptable)
9868 Sandolfoot Blvd suite 218
City **Boca Raton** FL Zip Code **33428**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **2-18-03**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WU, MINDY 9868 SANDOLFOOT BLVD. #218 BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WU, PHILLIP 9868 SANDOLFOOT BLVD. #218 BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:  DATE: **2-18-03** DAYTIME PHONE: **561-394-0008**

NOTICE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)