

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068168

1. Entity Name

HOLGUIN SERVICES, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90003 050 ***150.00

Principal Place of Business

Mailing Address

310 NW 35 STREET, UNIT 2
POMPANO BEACH FL 33064

310 NW 35 STREET, UNIT 2
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

~~310 NW 35 STREET, UNIT 2~~ 22618 SW 65 TER

~~310 NW 35 STREET, UNIT 2~~ 22618 SW 65 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

Boca Raton - FL

Zip

Country

Zip

Country

33428

USA FL

33428

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOFIL & NOFIL PA
3284 N. STATE RD. 7
LAUDERDALE LAKES FL 33319

Name

Roberto Holguin

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

310 NW 35th Street #2

City

Pompano Beach FL

Zip Code
33064

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar 2 / 2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HOLGUIN, ROBERTO
310 NW 35 STREET, UNIT 2
POMPANO BEACH FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 2 / 2001

Date

Daytime Phone #

CR2E034 (10/00)

012771