

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90413 025 \*\*\*150.00

DOCUMENT # P990000681168

1. Entity Name

Holguin Services, Inc.

117026

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

22618 SW 65th Terr  
Suite, Apt. #, etc.

3. Mailing Address

22618 SW 65th Terr  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number

105-0938875

Applied For

Not Applicable

Zip  
33428 Country  
Bm B.

Zip  
33428 Country  
Bm B.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Joseph K. NORR, P.A.

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

3284 N. State Road 7

City Lauderdale Lakes

FL

Zip Code 33319

**DO NOT WRITE  
IN THIS SPACE**

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)

4/30/02  
DATE

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PSD</u> <u>Roberto Holguin</u> <u>22618 SW 65th Terr</u> <u>Boca Raton, FL 33428</u>
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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 on an attachment with an address, with another like empowered.

SIGNATURE:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4th, 02 (561) 542-4772  
Date Daytime Phone #

CR2E034B (12/01)