2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

DOCUMENT # 554276 1. Entity Name HOLLUB HOMES, INC.					Jan 21, 2002 8:00 am Secretary of State 01-21-2002 90034 047 ***150.00			
Principal Place of Business 7350 S.W. 152ND TERRACE MIAMI FL 33157 WISHING Address 7350 SW 152 TERRACE MIAMI FL 33157 US								
2. Principal Place of Business 9771 56 DIXIC Hwy 9771 SU DIVICE A Suite, Apt. #, etc. Suite, Apt. #, etc.				wy.	1 (9818) 2(10) 8(1) 6121 1131 1321 1331 1331			
City & Stat		City & State Mismi, Fl		4. 1	59-1778051	<u> </u>	oplied For ot Applicable	
331S	Country USD 6. Name and Address of Current Re		Country V-SB	l	Certificate of Status Desired	\$8.75 Add Fee Require		
M & W AGENTS INC. 9100 S. DADELAND BLVD #1707 MIAMI FL 33156			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to D			Fee will be \$550).00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DII STD HOLLUB, AMELIA E 5780 S.W. 119TH ST MIAMI FL	RECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS Change	S IN 11 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLUB, HARRY 11380 S.W. 134 COURT MIAMI FL	☐ Delete	TITLE	9771 M100	80 DIRICE HAY 31,54 33156	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLUB-ISSEL, HELENE 4957 S.W. 71 PLACE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Helen 9771 Mion	SO DINITE HAY 31, FT 33156 10 HOLLUB HAY 50 DINITE HAY DIJ FT 33156	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is truptoration or the receiver or trustee suppose, or on an attachment with an autoress.	s filing does not qualify for the ue and accurate and that my s yed to execute his report as all that like empowered.	e exemption stated signature shall have required by Chapte	in Section e the same I er 607, Flori	119.07(3)(i), Florida Statutes, I further legal effect as if made under oath; that da Statutes; and that my name appear	certify that the in t I am an officer rs in Block 11 or	or director Block 12 if	