

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**  
 05-05-2002 90292 008 \*\*\*150.00

**DOCUMENT # F00000003920**

1. Entity Name  
**HOLLAND SHOPPES INC.**

Principal Place of Business  
**16425 COLLINS AVE., APT 2512**  
**NORTH MIAMI BEACH FL 33160**

Mailing Address  
**16425 COLLINS AVE., APT 2512**  
**NORTH MIAMI BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**267 CORAL TRACE LANE**

3. Mailing Address  
**267 CORAL TRACE LANE**

Suite, Apt. #, etc.  
**DELRAY BEACH**

Suite, Apt. #, etc.  
**DELRAY BEACH**

City & State  
**FL**

City & State  
**FL**

4. FEI Number **22-1477073**

Applied For  
 Not Applicable

Zip  
**33445**

Country  
**USA**

Zip  
**33445**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**HOLLAND, PHILIP**  
**16425 COLLINS AVE., APT 2512**  
**NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name **HOLLAND PHILIP**  
 Street Address **267 CORAL TRACE LANE**  
**DELRAY BEACH**  
 City **FL** Zip Code **33445**

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 **PHILIP HOLLAND**

DATE **4/15/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **PCD**  
 NAME **HOLLAND, PHILIP**  
 STREET ADDRESS **16425 COLLINS AVENUE, APT 2512**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **VSD**  
 NAME **HOLLAND, SANDRA**  
 STREET ADDRESS **16425 COLLINS AVENUE, APT 2512**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS **267 CORAL TRACE LANE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE  
 NAME  
 STREET ADDRESS **267 CORAL TRACE LANE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CR2E034 (9/01)

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: **Sandra Holland**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/15/02**

Date

Daytime Phone #