2000 UNIFORM BUSINESS REPORT (UBR)

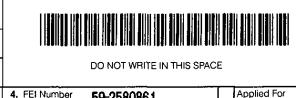
DOCUMENT # F51557

SIGNATURE: X

HOLIDAY DISTRIBUTORS, INC.

Principal Place of Business Mailing Address 9722 S.W. 8 PT. 9722 S.W. 8 PT. MIAMI FL 33174 MIAMI FL 33174 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Jul 25, 2000 8:00 am Secretary of State 07-25-2000 90099 049 ***550.00



	- -	ساءه د برينسس		·		الماسية	No	t Applicable
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired		8.75 Add	litional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MENDEZ, ORLANDO 1822 SW 99 PLACE MIAMI FL 33165				Name Street Address (P.O. Box Number is Not Acceptable)				
1711/-33	WITTE 55 165							
	<u> 2</u> 4			City		FL	Zip Code	9
8. The above	named entity submits this statement for ti	he purpose of changing i	its registered	office or registere	d agent, or both, in the State of Flo	orida.		
	•				•			Ì
SIGNATURE _			_					
3,0,10112	Signature, typed or printed name of registered agent and	title if applicable. (NC	OTE: Registered	Agent signature required v	when reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) Tax file NOW!!! FEE After SEPTEMBER 13, 2000 Make Check Payable to C				fin. will be \$750.		~ —		O May Be to Fees
11.	OFFICERS AND DI	RECTORS	12.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTOR:	S IN 11
TITLE NAME	P Mendez, Orlando	☐ Delete	TITLE		,	[Change	Addition
STREET ADDRESS	1822 S.W. 99 PLACE		STREET CITY-S	ADDRESS	•			
CITY-ST-ZIP	MIAMI FL			11-LIF				
TITLE	v Mendez, aida f.	☐ Delete	TITLE NAME			į	Change	Addition
NAME STREET ADDRESS	1822 S.W. 99 PLACE		1	ADDRESS				
CITY-ST-ZIP.	MIAMI FL		CITY-S				. <u></u>	
TITLE	S	☐ Delete	TITLE			است مستعد	Change=	≈= [=]·Addition `
NAME	RIGUEIDQ, AIDA M.		NAME		سميب ويشبون مامصورت			
STREET ADDRESS	5631 S.W. 88 AVE			ADDRESS	1			
CITY-ST-ZIP	MIAMI FL		CITY-S	1-217				
TITLE	CANCHEZ HAM	Delete	TITLE			Ļ	Change	■ Addition
NAME Street address	SANCHEZ, JUAN 3831 S.W. 129TH AVE		NAME	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33177		CITY-S					
TITLE	MARIE L WITT	☐ Delete	TITLE			r	Change	☐ Addition
NAME		right Determine	NAME			· ·	_ change	Addition
STREET ADDRESS				ADDRESS	***			
CITY-ST-ZIP			CITY-S	T-ZIP				
TITLE		Delete	TITLE			[Change	Addition
NAME			NAME	1		_	-	
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S					
indicated of the cor	ertify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that ered to execute this repor	t my signatu ort as require	re shall have the sa	ame legal effect as if made under	oath: that I am	an officer	or director