

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90002 038 ***150.00

DOCUMENT # F99352

1. Entity Name

HOLMAN IMPORTS, INC.

Principal Place of Business

911 NE 2ND AVE
 FT. LAUDERDALE FL 33304
 US

Mailing Address

911 NE 2ND AVE.
 FT. LAUDERDALE FL 33304-1936
 US

2. Principal Place of Business

N/A

3. Mailing Address

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2226613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REIF, DANIEL S
 911 N.E. SECOND AVE.
 FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

N/A

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

City

FL

Zip Code

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

N/A

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, 2000 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 DCM
 NAME HOLMAN, J S
 STREET ADDRESS 911 N E 2ND AVE
 CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE DS
 NAME REIF, D.S.
 STREET ADDRESS 911 N E 2ND AVE
 CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE ST
 NAME STUMER, S. M.
 STREET ADDRESS 4400 SW 70TH TERRACE
 CITY-ST-ZIP DAVIE FL 33314 ☒ Delete

TITLE ASAT
 NAME COPPOLA, K.T.
 STREET ADDRESS 911 NE 2ND AVE.
 CITY-ST-ZIP FT. LAUDERDALE FL ☒ Delete

TITLE AS
 NAME ANDREOLA, K.T.
 STREET ADDRESS 911 NE 2ND AVE.
 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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:

Daniel S. Reif, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/00 954-523-7307

CR2E034 (9/99)