

**2002 UNIFORM BUSINESS REPORT (UBR)**

*Amended*  
 APPROVED  
 AND  
 FILED

**DOCUMENT # F99352**

1. Entity Name  
**HOLMAN IMPORTS, INC.**

02 AUG 26 PM 5:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**911 NE 2ND AVE**      **911 NE 2ND AVE.**  
**FT. LAUDERDALE FL 33304**      **FT. LAUDERDALE FL 33304**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

*01/22/02 01035 018 AB5.w*      DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

Name *x Glenn Gardner*  
 Street Address (P.O. Box Number is Not Acceptable) *911 NE Second Avenue*  
 City *FT.*      **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 *x See Attachment*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  Change  Addition  
 NAME **300007513023--4**  
 STREET ADDRESS **-09/04/02--01042--018**  
 CITY-ST-ZIP **\*\*\*\*\*26.25 \*\*\*\*\*26.25**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME **Assistant Secretary Kathy Andreola Mullin**  
 STREET ADDRESS **911 N.E. 2nd Avenue**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 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: *Kathy Andreola Mullin*

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

*Amended*  
DOCUMENT #

*Attachment  
Signature of  
Registered Agent  
Change*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

X Name **Glenn Gardner**

Street Address (P.O. Box Number is Not Acceptable)  
**911 NE Second Avenue**

**Ft. Lauderdale, Fla. 33304**

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 *[Signature]* **August 1, 2002**

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.  **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$350.00**  
**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**

11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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IN THIS SPACE**

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SIGNATURE: *Kathy Mullin* **August 20, 2002** **856/663-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)