

2002 UNIFORM BUSINESS REPORT (UBR)

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
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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

Amended
APPROVED AND FILED

02 AUG 26 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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**

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

Amended
DOCUMENT #

1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Glenn Gardner

Street Address (P.O. Box Number is Not Acceptable)
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Ft. Lauderdale, Fla. 33304

City **FL** Zip Code

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IN THIS SPACE**

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SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

August 1, 2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

~~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
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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SIGNATURE: *Kathy Mullin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 20, 2002

Date

856/663-5200

Daytime Phone #

CR2E034B (12/01)