

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

FILED

02 NOV 12 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99352

1. Entity Name

HOLMAN IMPORTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
911 NE 2nd AVE

3. Mailing Address
911 NE 2nd AVE

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, Florida

City & State
Ft. Lauderdale, Florida

4. FEI Number
59-2226613

Applied For
Not Applicable

Zip
33304

Country
US

Zip
33304

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Glenn Gardner

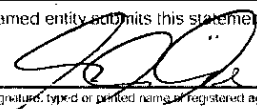
Street Address (P.O. Box Number is Not Acceptable)

911 NE 2nd Avenue

City Ft. Lauderdale FL Zip Code 33304

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE



Glenn Gardner

11/06/02

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

(NOTE: Registered Agent signature required when re-instating)

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 \$550.00
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
Holman, J. S. DCM
911 NE 2nd Avenue
Ft. Lauderdale, Fl. 33304

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

0000083431 10
11/12/02--01126--005 **\$61.25

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Glenn Gardner President
911 NE 2nd Avenue
Ft. Lauderdale, Fl. 33304

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Kathy Andreola Mullin AS
911 NE 2nd Avenue
Ft. Lauderdale, Fl. 33304

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
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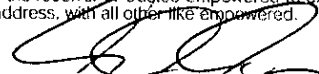
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Glenn Gardner

11/06/02

954-335-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

or 11/12/02