

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**  
 04-20-2001 90020 032 \*\*\*150.00

0004852

**DOCUMENT # H84805**

1. Entity Name

**HOLIDAY CENTER CORPORATION**

Principal Place of Business

585 E 49TH ST. STE 5  
 HIALEAH FL 33013

Mailing Address

585 E 49TH ST. STE 5  
 HIALEAH FL 33013

2. Principal Place of Business

3. Mailing Address

585 E. 49ST

8100 NW. 166 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH - FLORIDA

MIAMI - FLORIDA

Zip

Country

Zip

Country

33013

33016

6. Name and Address of Current Registered Agent

4. FEI Number

59-2776372

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

LAZO, ALBERTO  
 585 EAST 49TH STREET, SUITE 5  
 HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name

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

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, 2001 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 NAME PS LAZO, ALBERTO ☐ Delete  
 STREET ADDRESS 8100 NW 166 ST  
 CITY-ST-ZIP MIAMI FL 33016

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

TITLE NAME V LAZO, ANAMARIA ☐ Delete  
 STREET ADDRESS 8100 NW 166TH ST  
 CITY-ST-ZIP MIAMI FL 33016

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
 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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/01

(307) 222-3798

CR2E034 (10/00)