

FILED
May 01, 2002 8:00 am
Secretary of State

02-21-2002 90158 027 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H84805

1. Entity Name

HOLIDAY CENTER CORPORATION

Principal Place of Business

585 E. 49TH STREET

HIALEAH FL 33013

Mailing Address

8100 NW 166TH STREET

HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

1141 West 68 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, Fl.

Zip

Country

Zip

Country

33014

Miami-Dade

4. FEI Number

59-2776372

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

LAZO, ALBERTO

585 EAST 49TH STREET, SUITE 5

HIALEAH FL 33013

Name

CABRERA, ERNESTO

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

585 East 49th St., #5

Hialeah, Fl. 33013

City

Hialeah

FL

Zip Code

33013

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PS LAZO, ALBERTO 8100 NW 166 ST MIAMI FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CABRERA, ERNESTO 1141 West 68 St., Hialeah, Fl. 33014 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZO, ANAMARIA 8100 NW 166TH ST MIAMI FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D CABRERA, TANIA 1141 W. 68 St., Hialeah, Fl. 33014 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Tania Cabrera
 TANIA CABRERA, Secretary

2/5/02

(305) 688-3500

Date

Daytime Phone #

CR2E034 (9/01)