2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # K91851** 1. Entity Name HOLLAND PROPERTY MANAGEMENT, INC. 03-26-2001 90075 014 ***150.00 Principal Place of Business Mailing Address 4860 NE 12TH AVE 4860 NE 12TH AVE FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 936887 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0128026 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 'HOLLAND, GERALD M. Street Address (P.O. Box Number is Not Acceptable) 4860 N.E. 12TH AVE. FT. LAUDERDALE FL 33334 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE HOLLAND, GERALD M NAME NAME 4860 NE 12TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL ☐ Change Addition Delete 🛣 TITLE TITLE HAHNER, RICHARD A NAME NAME 4860 NE 12TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME JOHN SCHMATZ STREET ADDRESS STREET ADDRESS 4860 NE-12-TH --CITY-ST-ZIP CITY-ST-ZIP LAMOERDALE, FI Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.