

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90167 027 ***150.00

DOCUMENT # K96229

1. Entity Name
HOLB-SIERRA CORP.



Principal Place of Business
**2045 SHERMAN STR
HOLLYWOOD FL 33020-3551
US**

Mailing Address
**2045 SHERMAN STR
HOLLYWOOD FL 33020-3551
US**

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 **65-0129565**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VIDAL, MARCOS
3141 CALLE LARGO
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VIDAL, MARCOS	
STREET ADDRESS	3141 CALLE LARGO	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	VIDAL, FRANCISCO	
STREET ADDRESS	4012 GRANT ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VIDAL, IGNACIO	
STREET ADDRESS	4011 HAYES ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date Daytime Phone #

CR2E034 (4/03)

Attachment

90151072
K 96229

AUGUST 15, 2003

TO WHOM IT MAY CONCERN:

PLEASE NOTE THAT WE DID NOT RECEIVE AN ORIGINAL NOTICE FOR THE CORPORATE DOCUMENT. WE APOLOGIZE FOR ANY DELAY, BUT WOULD ASK IF YOU COULD BE SO KIND AS TO WAIVE THE PENALTY FEE. PLEASE ADVISE AT YOUR EARLIEST CONVENIENCE.

THANKING YOU IN ADVANCE FOR YOUR KINDNESS AND CONSIDERATION IN THIS MATTER.

REGARDS,


MARCOS VIDAL
