

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90278 003 \*\*\*150.00

**DOCUMENT # M15681**

1. Entity Name

**HOLNESS AND COMPANY, INC.**

Principal Place of Business

Mailing Address

312 SW 11TH AVE.  
 HALLANDALE FL 33009  
 US

312 SW 11TH AVE.  
 HALLANDALE FL 33009-6129  
 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

**59-2540197**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLNESS, RICHARD H.**  
**20101 S.W. 112 COURT**  
**MIAMI, FL 33189**

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, 2000 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: PD  
 NAME: HOLNESS, RICHARD H.  
 STREET ADDRESS: 20101 SW 112 CT.  
 CITY-ST-ZIP: MIAMI FL

Delete  Change  Addition

TITLE: SD  
 NAME: DICKSTEIN, EPHRIAM A.  
 STREET ADDRESS: 6831 S.W. 2ND STREET  
 CITY-ST-ZIP: MIAMI FL

Delete  Change  Addition

TITLE:  Delete

Change  Addition

TITLE:  Delete

Change  Addition

TITLE:  Delete

Change  Addition

TITLE:  Delete

Change  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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2000 (954)454-6579  
 Date Daytime Phone #

CR2E034 (9/99)