

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0336190 AV

04-02-2002 90075 031 \*\*\*150.00

**DOCUMENT # P01000100158**

1. Entity Name  
**HOLOS INC.**

Principal Place of Business <b>1290 WESTON ROAD SUITE 210                  WESTON FL 33326</b>	Mailing Address <b>1290 WESTON ROAD SUITE 210                  WESTON FL 33326</b>
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2. Principal Place of Business <b>2588 SW 27<sup>th</sup> AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>2588 SW 27<sup>th</sup> AVE</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>	4. FEI Number <b>65-1149288</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33133</b>	Country <b>USA</b>	Zip <b>33133</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <del>GBS CONSULTANTS</del> <del>1290 WESTON RD SUITE 210</del> <del>WESTON FL 33326</del>	7. Name and Address of New Registered Agent Name <b>ANTONIO GARCIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2588 SW 27<sup>th</sup> AVE</b> City <b>MIAMI FL</b> Zip Code <b>33133</b>
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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 DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DHERS, CRISTIAN 1290 WESTON ROAD SUITE 210 WESTON FL 33326</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD OSVALDO HERNANDEZ 2588 SW 27 AVE MIAMI FL 33133</b> <input 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: **3-22-02** **954 2908122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)