APR-29'03(TUE) 13:31 FISCAL OFFICE 8

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91807 043 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000105578

1. Entity Name: Holiday USA Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
220 NorthWest Drive	220 NorthWest Drive
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Miami Fl.	City & State: Miami Fl.
Zip: 33126 Country: Dade	Zip: 33126 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3663315 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Roberto Saladrigas

Street Address (P.O. Box Number is Not Acceptable): 220 NorthWest Drive

City: Miami FL Zip Code: 33126

DO NOT WRITE IN THIS SPACE

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] Date: 4-30-03

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	Roberto Saladrigas	NAME	
STREET ADDRESS	220 NorthWest Drive	STREET ADDRESS	
CITY-ST-ZIP	Miami Fl. 33126	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Zohra Saladrigas.	NAME	
STREET ADDRESS	220 NorthWest Drive	STREET ADDRESS	
CITY-ST-ZIP	Miami Fl. 33126	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Roberto Saladrigas 4-30-03 305-265-3255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #