

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90023 046 ***158.75

DOCUMENT # P02000008178

1. Entity Name
HOWARD J. HOLLANDER PROFESSIONAL
ASSOCIATION



Principal Place of Business
TWO S BISCAYNE BLVD
SUITE 1801
MIAMI, FL 33131

Mailing Address
TWO S BISCAYNE BLVD
SUITE 1801
MIAMI, FL 33131

40020429



2. Principal Place of Business - No P.O. Box #
1177 KANE CONCOURSE
SUITE 231

3. Mailing Address
1177 KANE CONCOURSE
SUITE 231

02052008 Chg-P CR2E034 (12/06)

City & State
Bay Harbor Islands, FL
Zip
33154
Country
MIAMI DADE

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Bay Harbor Islands, FL
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33154
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4. FEI Number
95-4893185
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HOLLANDER, HOWARD J ESQ.
TWO S BISCAYNE BLVD
SUITE 1801
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Howard J. Hollander
Street Address (P.O. Box Number is Not Acceptable)
1177 KANE CONCOURSE
SUITE 231
City
Bay Harbor Islands FL Zip Code
33154

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 Howard J. Hollander - Resident

2/5/08

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
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLANDER, HOWARD J TWO S BISCAYNE BLVD, SUITE 1801 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1177 KANE CONCOURSE - STE 231 Bay Harbor Islands, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Howard J. Hollander - Resident 2/5/08 305-848-5912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #