

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90237 003 ***150.00

DOCUMENT # P02000075748

1. Entity Name
HOLIDAY PARK ESTATES, INC.



Principal Place of Business
**1937 E ATLANTIC BLVD
#12
POMPAÑO BEACH, FL 33060**

Mailing Address
**1937 E ATLANTIC BLVD
#12
POMPAÑO BEACH, FL 33060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

41-2054113

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSE, EVE WAGNER
33 NE 2ND STREET
SUITE 101
FORT LAUDERDALE, FL 33301**

Name

Beeson, Jr., James M.

Street Address (P.O. Box Number is Not Acceptable)

1937 E. Atlantic Blvd. Ste. 12

City

Pompano Beach

FL

Zip Code

33060

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

James M. Beeson, Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

26 Apr 04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

BEESON, JR., JAMES M

1937 E ATLANTIC BLVD #12

POMPAÑO BEACH, FL 33060

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

V

LEWIN, ISRAEL

2800 ISLAND BLVD APT. 1405

AVENTURA, FL 33160

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☐ Change

☐ Addition

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:

James M. Beeson, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Beeson, Jr.

26 Apr 04

Date

954 946-4007

Daytime Phone #