FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 04, 2004 8:00 am
Secretary of State
05-12-2004 90204 016 ***150.00

DOCUMENT # P02000112711

1. Entity Name
Holliday and Holliday

DO NOT WRITE IN THIS SPACE

66426436

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2901 NW 47 Terr.	2901 NW 47 Terr.
Suite, Apt. #, etc. #141 Building 4	Suite, Apt. #, etc. #141, Building 4
City & State Lauderhill, Fla	City & State Lauderhill, Fla
Zip 33313 Country USA	Zip 33313 Country USA

4. FEI Number 32-007-1071 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Holliday and Holliday

Street Address (P.O. Box Number is Not Acceptable): 2901 NW 47 Terr. #141 Bld4

City: Lauderhill FL Zip Code: 33313

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P NAME Ben Holliday STREET ADDRESS 2901 NW 47 Terr Bld 4 Apt 141 CITY-ST-ZIP Lauderhill, Fla 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME Ben Holliday STREET ADDRESS 2901 NW 47 Terr. #141 Bld4 CITY-ST-ZIP Lauderhill, Fla 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME Katherine Haynes STREET ADDRESS 2401 NW 41 Ave Apt 103 CITY-ST-ZIP Lauderhill, Fla 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE T NAME Clara, Holliday STREET ADDRESS 11170 Peach Tree Drive CITY-ST-ZIP Miami, Fla 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/02)

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

SIGNATURE: Ben Holliday 5/3/04 (954)485-8766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #