

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036102

1. Entity Name  
HOLLY APARTMENTS, INC.

Principal Place of Business  
1036 NE 78TH RD.  
MIAMI FL 33138  
US

Mailing Address  
1032 NE 78 RD  
1  
MIAMI FL 33138  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0416931

Applied For

Not Applicable

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

WASSERMAN, MARTIN W ESQ  
999 WASHINGTON AVE  
MIAMI BEACH FL 33139

Name DONALD TROISE  
Street Address (P.O. Box Number is Not Acceptable)  
1032 NE 78 RD #1  
City Miami FL Zip Code 33138

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 DONALD TROISE DPS DATE 5/10/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
TROISE, DONALD A  
1032 NE 78 RD #1  
MIAMI FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like employer.

SIGNATURE: DONALD TROISE 4/17/01

FILED  
May 21, 2001 8:00 am  
Secretary of State

04-26-2001 90101 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)