

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90180 033 \*\*\*158.75

**DOCUMENT # P94000007920**

1. Entity Name

**HOLCO DEVELOPMENT CORP.**

Principal Place of Business

**5166 E 11TH AVE  
HIALEAH FL 33013**

Mailing Address

**5166 E 11TH AVE  
HIALEAH FL 33013**

2. Principal Place of Business

**1127 POINSETTIA DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**1127 POINSETTIA DRIVE**

Suite, Apt. #, etc.

City & State

**DELRAY BEACH FLORIDA**

Zip **33444**

Country

**PALM BEACH**

City & State

**DELRAY BEACH FLORIDA**

Zip

**33444**

Country

**PALM BEACH**

4. FEI Number

**65-0484080**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OSTROW, JEFFREY**

**350 LAS OLAS BLVD**

**STE 1440**

**FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

**OSTROW JEFFREY M. ESQ**

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

**GRICH, TAYLOR GIULANTI, KOBLOWSKI PA**

**310 E. LAS OLAS BLVD SUITE 1440**

City

**FORT LAUDERDALE FL**

FL

Zip Code

**33301**

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

**JEFFREY OSTROW, ESQ.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **PC** ☐ Delete  
NAME **CUTLER, BRUCE**  
STREET ADDRESS **756 CIPRESS GREEN CIRCLE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **ST** ☐ Delete  
NAME **SHEAR, FRANK**  
STREET ADDRESS **3 GROVE ISLE DRIVE PH 3**  
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/10/02**

Daytime Phone #

**561.330.6884**

CR2E034 (9/01)