

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000094151****1. Entity Name**
HOLT TEZA ASSOCIATES, INC.**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90040 050 ***150.00

Principal Place of Business
911 LISBON STREET
CORAL GABLES FL 33134**Mailing Address**
911 LISBON STREET
CORAL GABLES FL 33134**670651**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2390 WOODSIDE DRIVE
Suite, Apt. #, etc.**3. Mailing Address**
2390 WOODSIDE DRIVE
Suite, Apt. #, etc.**City & State**
FT. LAUDERDALE, FL.
Zip **33312** **Country** **USA****City & State**
FT. LAUDERDALE, FL.
Zip **33312** **Country** **USA****4. FEI Number** **65-0631140** **Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****HOLT, BILL J**
911 LISBON STREET
CORAL GABLES FL 33134**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****2390 WOODSIDE DRIVE****City** **FT. LAUDERDALE****FL****Zip Code** **33312****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** _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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** ☐ **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HOLT, BILL J	911 LISBON STREET	CORAL GABLES FL 33134	<input type="checkbox"/>
STD	TEZA, REGINA	911 LISBON STREET	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		2390 WOODSIDE DRIVE	FT. LAUDERDALE, FL. 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2390 WOODSIDE DRIVE	FT. LAUDERDALE, FL. 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/00)

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:****Regina Teza**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/2/01**
Date**954-792-7730**
Daytime Phone #