## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P96000095308** Entity Name HOLIDAY LIQUOR, INC. 04-27-2001 90257 019 \*\*\*150.00 Principal Place of Business Mailing Address 9101 LAKE RIDGE BLVD. #21 9101 LAKE RIDGE BLVD. #21 BOCA RATON FL 33496 BOCA RATON FL 33496 D0042232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0709181 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mohammad Elias KHAN, MOHAMMED DINAJ Street Address (P.O. Box Number is Not Acceptable) 18338 FRESH LAKE WAY **BOCA RATON FL 33498** 189 281 FORSYTH ST City BOCA 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE Change Addition NAME KHAN, MOHAMMED DINAJ NAME STREET ADDRESS STREET ADDRESS 18338 FRESH LAKE WAY CITY-ST-7IP CITY-ST-7IP **BOCA RATON FL 33498** TITLE Delete TITLE Change NAME MOHAMMAD E. MIAH NAME STREET ADDRESS STREET ADDRESS 281 FORSYTH ST BOCA RATON, CITY-ST-ZIP FL-33487 CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-7IP TITI F ☐ Delete TITLE Change Addition NAME MAAAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P 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.