

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90081 037 ***150.00

050514

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000062008

1. Entity Name

HOLT MAR, INC.

Principal Place of Business

Mailing Address

1200 STIRLING RD 9A&B 1200 STIRLING Rd 9A&B
 Dania, FLORIDA 33004 DANIA, FLORIDA 33004

2. Principal Place of Business

1200 STIRLING RD

3. Mailing Address

1200 STIRLING RD

Suite, Apt. #, etc.

9 A & B

Suite, Apt. #, etc.

9 A & B

City & State

DANIA, FLORIDA

City & State

DANIA, FLORIDA

Zip

33004

Country

U.S.A.

Zip

33004

Country

U.S.A.

4. FEI Number

65-0767621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AmeriLawyer Chartered -
 343 Alameda Avenue
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2000 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	President	<input type="checkbox"/> Delete
NAME	HOLTZHEUSER CHRISTOPHER J.	
STREET ADDRESS	69 Isla Bahia Dr.	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	HOLTZHEUSER, MICHELLE A	
STREET ADDRESS	69 Isla Bahia Dr.	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE:

C.J. Holtzheuser, President

3/29/2000

954-922-0401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)