

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90141 022 ***150.00

DOCUMENT # P98000068827

1. Entity Name
HOLIDAY TRADING, CORP.

Principal Place of Business 4630 NW 97TH PLAGE MIAMI FL 33170	Mailing Address 782 NW LE JEUNE RD. SUITE 434 MIAMI FL 33126-5549
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2. Principal Place of Business 2335 NW 107 AVE.	3. Mailing Address
Suite, Apt. #, etc. # 2M32	Suite, Apt. #, etc.

City & State Miami, FL	City & State
Zip 33172	Country USA

City & State	City & State
Zip	Country

4. FEI Number 65-0858477	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~LOPEZ, ANTONIO R CPA~~
782 NW LE JEUNE ROAD
SUITE 434
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
Lopez, Antonio R. CPA
 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 **Antonio R Lopez** **4/27/00**
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 PD	<input type="checkbox"/> Delete
NAME BOB SANTOS, FABIO	
STREET ADDRESS 4638 NW 97TH PLAGE	
CITY-ST-ZIP MIAMI FL 33178	
TITLE VD	<input type="checkbox"/> Delete
NAME ROTERMUND, CARLOS A	
STREET ADDRESS 4638 NW 97TH PLAGE	
CITY-ST-ZIP MIAMI FL 33178	
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 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAFARELLI, Reginaldo	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROTERMUND, CARLOS A.	
STREET ADDRESS 2365 NW 40 ST.	
CITY-ST-ZIP Miami, FL. 33178	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 all other like empowered.

SIGNATURE: **Rotermund, Carlos A** **4/26/00** **(305) 448-3323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)