

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092186

1. Entity Name

HOLDING COMMERCIAL PARTNERS, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90257 004 ***150.00

Principal Place of Business

ONE E. BROWARD BLVD., SUITE 802
FT. LAUDERDALE FL 33301

Mailing Address

ONE E. BROWARD BLVD., SUITE 802
FT. LAUDERDALE FL 33301

2. Principal Place of Business

1 East Broward Blvd, Suite 915

3. Mailing Address

1 East Broward Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 915

Suite 915

City & State
Ft. laud FL

City & State
Fort laud FL

Zip
33301

Country
USA

Zip
33301

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEIGLER, ROBERT E
1401 E. BROWARD BLVD., SUITE 300
FT. LAUDERDALE FL 33301

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HOLDING, JEFF
CITY-ST-ZIP 1 EAST BROWARD BOULEVARD, SUITE 802
FT. LAUDERDALE FL 33301

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Suite 915
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01

Date

954-468-3067

Daytime Phone #

CR2E034 (10/00)