

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000010073**

1. Entity Name

HOLLOWAY EXPRESS INNOVATIONS, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90167 017 ***150.00

0228311

Principal Place of Business

20533 BISCAYNE BLVD. #212
AVENTURA FL 33180

Mailing Address

20533 BISCAYNE BLVD. #212
AVENTURA FL 33180**00040002**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0894525**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLLOWAY, K. GINO
20533 BISCAYNE BLVD.
SUITE 212
AVENTURA FL 33180

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P									
	HOLLOWAY, K G									
	20533 BISCAYNE BLVD #212									
	AVENTURA FL 33180									
	V									
	FAINE, ROLAND									
	10531 NW 24TH CT									
	SUNRISE FL 33322									
	ST									
	HOLLOWAY, JEWELL									
	6189 SPIREA ST									
	JACKSONVILLE FL 32209									

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

Date

Daytime Phone #

425 305 785-6888

CR2E034 (10/00)