

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90058 015 ***150.00

01/03/02
 AV

DOCUMENT # P99000047273

1. Entity Name
HOLLAND, INC.

Principal Place of Business
131 SW 117TH AVENUE #102
PEMBROKE PINES FL 33025

Mailing Address
131 SW 117TH AVENUE #102
PEMBROKE PINES FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0923162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

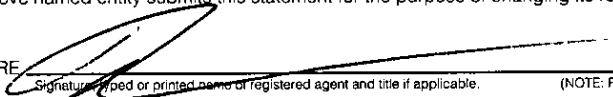
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, VIVIAN
131 SW 117TH AVENUE #102
PEMBROKE PINES FL 33025

Name **Michael D. Walsh**
 Street Address (P.O. Box Number is Not Acceptable)
Low office of kennamont Walsh
2307 Douglas Rd. suite 401
 City **Miami** **FL** Zip Code **33145**

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  **(NOTE: Registered Agent signature required when reinstating)**

DATE

2-18-02

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, 2002 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	D <input checked="" type="checkbox"/> Delete
NAME	ANDERSON, VIVIAN
STREET ADDRESS	131 SW 117TH AVENUE #102
CITY-ST-ZIP	PEMBROKE PINES FL 33025
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, Vivian
STREET ADDRESS	131 SW 117th Ave #102
CITY-ST-ZIP	Pembroke Pines FL 33025
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLAND, Lee R.
STREET ADDRESS	131 SW 117th Ave #102
CITY-ST-ZIP	Pembroke Pines FL 33025
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/19/02 954-392-1032

Date

Daytime Phone #

CR2E034 (9/01)