

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90413 025 ***150.00

DOCUMENT # P990000681168

1. Entity Name

Holguin Services, Inc.

117026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22618 SW 65th Terr
Suite, Apt. #, etc.

3. Mailing Address

22618 SW 65th Terr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

105-0938875

Applied For

Not Applicable

Zip Country

33428 Bm B.

Zip Country

33428 Bm B.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph K. NORR, P.A.

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

3284 N. State Road 7

City

Lauderdale Lakes

FL

Zip Code

33319

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PSD</u> <u>Roberto Holguin</u> <u>22618 SW 65th Terr</u> <u>Boca Raton, FL 33428</u>
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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4th, 02 (561) 542-4772
Date Daytime Phone #

CR2E034B (12/01)