

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105681

1. Entity Name

HOLOMASTER CORP.

R

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90039 003 ***150.00

Principal Place of Business

111 NE 1ST STREET
5TH FLOOR
MIAMI FL 33132

Mailing Address

111 NE 1ST STREET
5TH FLOOR
MIAMI FL 33132

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

65-1023387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DINER, MANUEL
141 N.E. 3RD AVENUE
SUITE 601
MIAMI FL 33132

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS PUENTE, OSVALDO
CITY-ST-ZIP 111 NE 1ST STREET, 5TH FLOOR
MIAMI FL 33132

TITLE ☐ Delete
NAME D
STREET ADDRESS PUENTE, ELISABET
CITY-ST-ZIP 111 NE 1ST STREET, 5TH FLOOR
MIAMI FL 33132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

OSVALDO PUENTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(205) 373-0123

CR2E034 (5/00)

attachment # P99000105681
DW76448



Manuel M. García, CPA

111 Northeast First Street, 5th Floor
Miami, Florida 33132
(305) 373-0123 • (800) 330-4728
Fax (305) 374-4415
www.graucpa.com

July 24, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Holomaster Corp.
Document # P99000105681

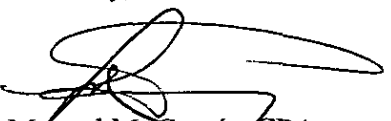
Ladies and Gentlemen:

Enclosed you will find The 2000 Uniform Business Report of Holomaster Corp. This company was incorporated in December 3, 1999, and we never received the initial form.

The owners of this company lived in Argentina. We handle all their correspondence from our office, and we never received the initial return. We will like to request if you could reduce the amount due to the original charge of \$150.00. We are enclosing our check for that amount.

If you need any additional information, please contact our office at your convenience.

Sincerely,



Manuel M. García, CPA

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