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08-05-2003 90112 002 ***500.00
 08-05-2003 90112 001 *****50.00
 S66085

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S66085			
1. Entity Name HOLOGRAPHIC DIMENSIONS, INC.			
Principal Place of Business 7503 NW 36TH ST. MIAMI, FL 33166 US		Mailing Address 7503 NW 36TH ST. MIAMI, FL 33166 US	
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 65-0269786		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, KEVIN 7503 NW 36TH ST. MIAMI, FL 33166		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when changing)			
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P BROWN, KEVIN G	TITLE	
NAME		NAME	
STREET ADDRESS	7503 N.W. 36TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information disclosed 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.			
SIGNATURE: <i>Kevin G Brown</i>		8/11/03 305-994-7517	
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		Date Daytime Phone #	

55053312

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (11/02)