2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 07, 2000 8:00 am DOCUMENT # V66798 1. Entity Name Secrétary of State Holland Stem Corporation 07-07-2000 90394 013 ***550.00 Principal Place of Business Mailing Address P.O. BOX 5684 2404 NEQ Street Ft. LANderdale, FL 33304 Ft. LANderdale, FL 33310 USES7324 3. Mailing Address 2. Principal Place of Business 3200 S. Andrews Ave Suite, Apt. #, etc. 204 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State
FH-LAUDARDIALE FL 4. FEI Number - 03668952 City & State Applied For Not Applicable 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kichard Aldaner Richa PO Box Number is Not Acceptable) S. Andrews Ave Maldaner, Richard 210 SE 12 STreet Suite 204 Pompano Beach, FL 33060 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. 6/28/00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete ☐ Addition Schuetz, Anne zyou NEQ street Pt. Lauderdale, Fl NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE 3200 S. Andrews are suite 204 Ft. La Uderdale, FL 33316 NAME MALDANOR Richard 21059 12 Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. changed, or on an attachment with a SIGNATURE: