

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90019 033 ***150.00

DOCUMENT #

603019

1. Entity Name:

Hirsch, Strassberg, Kenward, Vize SO + Ramirez, I

Principal Place of Business

7300 SW 62 Place
3rd Floor
Miami, FL 33143

Mailing Address

7300 SW 62 Place
3rd Floor
Miami, FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

39-1358526

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

00057518

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Nathan B. Hirsch
7300 SW 62 Place
3rd Floor
Miami, FL 33143

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!

After MAY 1, 2001

FEE IS \$150.00

Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
NAME: NATHAN B. HIRSCH, MD
STREET ADDRESS: 7300 SW 62 Place 3rd Fl
CITY-ST-ZIP: Miami FL 33143

TITLE: V.P.
NAME: JAMES VIZOSO
STREET ADDRESS: 7300 SW 62 Place 3rd Fl
CITY-ST-ZIP: Miami FL 33143

TITLE: TREASURER
NAME: Michelle Starke
STREET ADDRESS: 7300 SW 62 Pl. 3rd Fl
CITY-ST-ZIP: MIA FL 33143

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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

5/31/01

Date

Daytime Phone #

CR2E034 (11/00)