

# 2001 UNIFORM BUSINESS REPORT (UBR)

0156771

DOCUMENT # 509255

1. Entity Name

HOLTZMAN, KRINZMAN, EQUELS & FURIA, P.A.

FILED

01 FEB 16 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2601 S. BAYSHORE DR.  
SUITE 600  
MIAMI FL 33133  
US

2601 S. BAYSHORE DR.  
SUITE 600  
MIAMI FL 33133  
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 59-1683022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HKE&F REGISTERED AGENT CORP.  
2601 SOUTH BAYSHORE DRIVE  
SUITE 600  
MIAMI FL 33133

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLTZMAN, SYLVAN 2601 S. BAYSHORE DR. #600 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRINZMAN, RICHARD N. 2601 S. BAYSHORE DR. #600 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EQUELS, THOMAS K. 2601 S. BAYSHORE DR. #600 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FURIA, ARTHUR J 2601 BAYSHORE DR.,STE 600 COCONUT GROVE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRINZMAN, ALAN E 2601 S. BAYSHORE DR. #600 MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEN, BARBARA R 2601 S. BAYSHORE DR. #600 MIAMI FL 33133	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Secretary/Treasurer/Director ☒ Change ☐ Addition  
Furia, Arthur J.  
2601 South Bayshore Drive, Suite 600  
Miami, Florida 33133

SEE ATTACHED FOR ADDITIONAL DIRECTORS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**Additional Directors:**

Frank P. Terzo  
2601 South Bayshore Drive, Suite 600  
Miami, Florida 33133

Joseph L. Raia  
2601 South Bayshore Drive, Suite 600  
Miami, Florida 33133

Cary A. Lubetsky  
2601 South Bayshore Drive, Suite 600  
Miami, Florida 33133

Craig A. Jaslow  
2601 South Bayshore Drive, Suite 600  
Miami, Florida 33133

Mary Kogut Equels  
2601 South Bayshore Drive, Suite 600  
Miami, Florida 33133

Jack L. McRay  
2601 South Bayshore Drive, Suite 600  
Miami, Florida 33133



ACCOUNT NO. : 072100000032

REFERENCE : 013319 11654A

AUTHORIZATION :

*Patricia Pigjott*

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 2001

ORDER TIME : 11:28 AM

ORDER NO. : 013319-010

CUSTOMER NO: 11654A

CUSTOMER: Ms. Jacky C. Portal  
Holtzman Krinzman Equels &  
2601 South Bayshore Drive  
Suite 600  
Miami, FL 33133

ANNUAL REPORT FILING

NAME: HOLTZMAN, KRINZMAN, EQUELS &  
FURIA, P.A.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight EXT: 1156

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
01 FEB 16 AM 11:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA