

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 509255

1. Entity Name

HOLTZMAN, EQUELS & FURIA, P.A.

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90692 046 ***150.00

0208202 AV

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1683022

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~HEF~~
~~HEF~~ REGISTERED AGENT CORP.
 2601 SOUTH BAYSHORE DRIVE
 SUITE 600
 MIAMI FL 33133

Name HEF Registered Agent Corp
 Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Drive
Suite 600
 City Miami FL Zip Code 33133

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

4-3-02

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, 2002 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 PD
 NAME HOLTZMAN, SYLVAN
 STREET ADDRESS 2601 S. BAYSHORE DR. #600
 CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
 NAME Craig A. Jaslow ☐ Change ☒ Addition
 STREET ADDRESS Director
2601 S. Bayshore Dr. #600
 CITY-ST-ZIP Miami, FL 33133

TITLE D
 NAME TERZO, FRANK P
 STREET ADDRESS 2601 S. BAYSHORE DR., STE. 600
 CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

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

TITLE VD
 NAME EQUELS, THOMAS K.
 STREET ADDRESS 2601 S. BAYSHORE DR. #600
 CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE STD
 NAME FURIA, ARTHUR J
 STREET ADDRESS 2601 BAYSHORE DR., STE 600
 CITY-ST-ZIP COCONUT GROVE FL ☐ Delete

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

TITLE D
 NAME RAIA, JOSEPH L
 STREET ADDRESS 2601 BAYSHORE DR., STE. 600
 CITY-ST-ZIP COCONUT GROVE FL ☐ Delete

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

TITLE D
 NAME LUBETSKY, CARY A
 STREET ADDRESS 2601 BAYSHORE DR., STE. 600
 CITY-ST-ZIP COCONUT GROVE FL ☐ Delete

TITLE
 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 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:

Arthur J. Furia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 (305) 859-7700
 Date Daytime Phone #

CR2E034 (9/01)