D FOR PROFIT CORPORATION AMENDED UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 509255** 1. Entity Name 02 NOV 27 PH 1: 14 HOLTZMAN EQUELS, P.A. SECRETARY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 100009238531 11/27/02--01042--017 **61.25 Principal Place of Business 3. Mailing Address 2601 S. BAYSHORE DR. 2601 S. BAYSHORE DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **SUITE 600** SUITE 600 City & State 4. FEI Number City & State Applied For MIAMI, FLORIDA MIAMI, FLORIDA 59-1683022 Not Applicable Zip Country Zip Country 5. Certificate of Status \$8.75 Additional 33133 US 33133 US Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE HEF REGISTERED AGENT CORP. Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2601 SOUTH BAYSHORE DRIVE SUITE 600 City Zip Code MIAM 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) This corporation is eligible to satisfy its Intangible January 1 – May 1 Fee is \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution Added to Fees (See criteria on back) П Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE NAME HOLTZMAN, SYLVAN NAME STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 600 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE TITLE NAME EQUELS, THOMAS K. NAME STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 600 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE TIME IN THIS SPACE NAME RAIA, JOSEPH NAME STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 600 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY ST ZIP TITLE TIME NAME LUBETSKY, CARY A. NAME STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 600 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP HH H NAME NELSON, Lisa S. NAME STREET ADDRESS 2601 SO. BAYSHORE DR., SUITE 600 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE TITLE NAME KOGUT, MARY NAME STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 600 STREET ADORESS CITY-ST-ZIP MIAMI, FL 33133 CITY ST ZIP (FOR ADDITIONAL DIRECTOR PLEASE SEE ATTACHED PAGE) 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 on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

{MI856701;1}

SIGNATURE:

ADDITIONAL PAGE TO AMENDED UNIFORM BUSINESS REPORT OF HOLTZMAN EQUELS, P.A.

TITLE

NAME -

D

STREET ADDRESS

McRAY, JACK 2601 S. BAYSHORE DR., SUITE 600

CITY-ST-ZIP

MIAMI, FL 33133



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Boca Raton Fort Lauderdale Jacksonville Miami Orlando Tallahassee Tampa West Palm Beach

November 19, 2002

<u>CERTIFIED MAIL</u> <u>RETURN RECEIPT REQUESTED</u>

Florida Secretary of State Uniform Business Reports Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

Re: HOLTZMAN EQUELS, P. A. (the "Corporation")

Dear Sir/Madam:

2 Sec. ()

Enclosed please find an executed Amended 2002 UBR for the Corporation together with this firm's check payable to the order of the Florida Department of State, in the sum of \$61.25, in payment of the filing for the amended report.

Very truly yours,

Ńery€. Toledo Paralegal

Enclosures

cc: Marshall R. Burack, Esq.