

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

0052284 AV

**DOCUMENT # 600765**

1. Entity Name

**J.H. GROFF, M.D., & ASSOC., INC.**

08-14-2001 90003 043 \*\*\*550.00

Principal Place of Business

**16800 N.W. 2ND AVE..#405  
 MIAMI FL 33169**

Mailing Address

**16800 N.W. 2ND AVE..#405  
 MIAMI FL 33169**

00004207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2151 Le Jeune Road  
 Suite, Apt. #, etc.  
 Mezzanine**

3. Mailing Address

**2151 Le Jeune Road  
 Suite, Apt. #, etc.  
 Mezzanine**

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

4. FEI Number

**59-1228090**

Applied For

Not Applicable

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GROFF, JULIAN H  
 16800 N.W. 2 AVE.  
 #405  
 NORTH MIAMI BEACH FL 33169**

7. Name and Address of New Registered Agent

**Name Howard E. Kurzweil  
 Street Address (P.O. Box Number is Not Acceptable)  
 2151 Le Jeune Road  
 Mezzanine  
 City Coral Gables FL Zip Code 33134**

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 **Howard E. Kurzweil**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/8/01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE **PD** ☒ Delete  
 NAME **GROFF, JULIAN H**  
 STREET ADDRESS **16800 N.W. 2ND AVE., #405**  
 CITY-ST-ZIP **N. MIAMI BEACH FL 33169**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition  
 NAME **Howard E. Kurzweil**  
 STREET ADDRESS **2151 Le Jeune Road, Mezzanine**  
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Bonnie M. Groff**  
 STREET ADDRESS **1061 N.E. 203 Lane**  
 CITY-ST-ZIP **North Miami Beach, FL 33179**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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** **Howard E. Kurzweil**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8/8/01 305 4427085**

Daytime Phone #

CR2E034 (5/01)