

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602431

1. Entity Name

HORWICH & ZAGER PA

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90101 014 ***150.00

Principal Place of Business	Mailing Address
1541 SUNSET DRIVE 2ND FLOOR CORAL GABLES CORAL GABLES FL 33143	1541 SUNSET DRIVE 2ND FLOOR CORAL GABLES CORAL GABLES FL 33143-5777

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1302622** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORWICH, RICHARD J
1541 SUNSET DRIVE
CORAL GABLES 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!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE	PD
NAME	HORWICH, RICHARD J
STREET ADDRESS	1541 SUNSET DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 00000
TITLE	SD
NAME	ZAGER, IRA
STREET ADDRESS	1541 SUNSET DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 00000
TITLE	V
NAME	HORWICH, MITCHELL
STREET ADDRESS	1541 SUNSET DRIVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	V
NAME	HORWICH, FRANCINE
STREET ADDRESS	1541 SUNSET DR.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD J. HORWICH

1/27/00

Date

(305)666-5299

Daytime Phone #