

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90001 009 \*\*\*150.00

0041502 AV

**DOCUMENT # 602438**

1. Entity Name

**SAFIRSTEIN & HOROWITZ, M.D'S, P.A.**

Principal Place of Business

**4302 ALTON RD  
 STE 540  
 MIAMI BEACH FL 33140  
 US**

Mailing Address

**4302 ALTON RD  
 STE 540  
 MIAMI BEACH FL 33140  
 US**



**00000000**



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

**59-1303264**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**HOROWITZ, MICHAEL M. D.  
 4302 ALTON RD  
 STE 540  
 MIAMI BEACH FL 33140**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. HOROWITZ, MICHAEL M.D. 4302 ALTON RD #540 MIAMI BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST HOROWITZ, MICHAEL E. 4302 ALTON RD #540 MIAMI BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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

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** *Michael Horowitz, M.D.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael Horowitz, M.D.*

*7/5/2001*

*395-868-5257*  
 Date Daytime Phone #

CR2E034 (5/01)

Attachment  
7/5/01 602438  
A007485

The Medical Center  
of Winston Towers

17395 North Bay Road  
Suite 203  
Miami Beach, Florida 33160  
Telephone (305) 932-4420  
Fax (305) 932-1463

The Medical Center  
of Winston Towers

d/b/a  
Rosenblum & Horowitz

Medical Associates  
4302 Alton Road, Suite 540  
Miami Beach, Florida 33140  
Telephone (305) 538-7344  
Fax (305) 538-7371

Robert R. Rosenblum, M.D.  
General Practice  
Internal Medicine

Michael E. Horowitz, M.D., F.A.C.P.  
Diplomate, American Board  
of Internal Medicine  
Fellow, American College  
of Physicians

Saad Mirza, M.D.  
Diplomate, American Board  
of Internal Medicine  
Internal Medicine  
Pulmonary Disease

Fabian A. Lopez, M.D.  
Diplomate, American Board  
of Internal Medicine  
Internal Medicine

Dear Sirs:

My name is Michael Horowitz, M.D.  
I am President of (2) corporations  
Filing with the State of Florida for the  
past 25 years. I recently received in the  
mail (About July 1st, 2001) — the 2 UBR  
documents to be Filed with the Department  
of State. The Fees on each UBR  
document # 640099, and # 602438  
was \$550<sup>00</sup> each, instead of the \$150<sup>00</sup>  
yearly Filing Fee. Please understand, I  
never received the initial documents due  
May 1<sup>st</sup>, 2001. This happened last year as  
well. I personally open all mail, and  
I did not receive any documents prior to  
the "late documents".

Today, I spoke to a representative  
in your department. She told me to write  
this letter of explanation, and to send  
\$150<sup>00</sup> for the original due date for  
each entity.

Thusly, please find enclosed (2) checks  
for \$150<sup>00</sup> each. Thanking you in  
advance for your consideration.

Sincerely, Michael Horowitz, M.D.  
(305-868-5257)