~ DUPLICATE — ORIGINAL ~

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J75603

1. Entity Name

Holly W. Schwartzol, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
806 Douglas Road

Suite, Apt. #, etc.
560

City & State CORAL GABLES Miami FL

Zip 33134 | Country USA

3. Mailing Address
806 Douglas Road

Suite, Apt. #, etc.
560

City & State CORAL GABLES Miami FL

Zip 33134 | Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0011563 | Applied For | Not Applicable

5. Certificate of Status Desired ☑ | $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Schwartzol, Holly W.

Street Address (P.O. Box Number is Not Acceptable)
808 Brickell Key Drive
1801

City Miami, | FL | Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ | $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		
TITLE	P	TITLE	
NAME	Schwartzol, Holly W.	NAME	
STREET ADDRESS	808 Brickell Key Drive #1801	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered. Holly W. Schwartzol, President

SIGNATURE: Holly W. Schwartzol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 07/14/03 X 444-8744
Date | Daytime Phone # Ext.