

L02000032352

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

L02000032352

1. Entity Name

Max T. Holtzman, LLC

Principal Place of Business

Mailing Address

150 WEST FLAGLER STREET, SUITE 2626 150 WEST FLAGLER STREET, SUITE 2626

MIAMI FL

MIAMI FL

2. Principal Place of Business

3 Mailing Address

150 WEST FLAGLER STREET, SUITE 2626 150 WEST FLAGLER STREET, SUITE 2626

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

Applied For

Not Applicable

Zip

33130

County

Zip

33130

County

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent/Office

HOLTZMAN, MAX T

150 WEST FLAGLER STREET, SUITE 2626

MIAMI, FL 33130

Name

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

Suite, Apt. #, etc.

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

(Registered Agent Accepting Appointment)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600023850726

9. MANAGING MEMBERS/MEMBERS

10. ADDITION/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Member
Max T. Holtzman
150 WEST FLAGLER STREET, SUITE 2626

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ CHANGE
☐ ADDITION

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ CHANGE
☐ ADDITION

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ CHANGE
☐ ADDITION

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ CHANGE
☐ ADDITION

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ CHANGE
☐ ADDITION

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Max T. Holtzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone

10/8/03 305-577-0200

FILED
03 OCT 14 AM 9:43
STATE
TALLAHASSEE, FLORIDA

PAGE 1

L02000032352

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

PAGE 2

FILED
03 OCT 14 AM 9:43
TALLAHASSEE, FLORIDA

Re: Max T. Holtzman, LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

We never received the ²⁰⁰³ Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

BK

By: _____

Name: Max T. Holtzman

Title: Member

Date: 10/8/03

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PAGE 3.

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

FILED
OCT 14 AM 9:43
TALLAHASSEE, FLORIDA

DATE: 10-15-03

NAME: MAX T. HOLTZMAN, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$50

BK

RECEIVED
OCT 15 PM 4:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge