

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90116 006 \*\*\*150.00

0143696 SP

**DOCUMENT # L20330**

1. Entity Name

**EDWIN M. HOROWITZ, C.P.A., P.A.**

Principal Place of Business

**7279 LECHALET BOULEVARD  
 BOYNTON BEACH FL 33437**

Mailing Address

**7279 LECHALET BOULEVARD  
 BOYNTON BEACH FL 33437**



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

**65-0149159**

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

**HOROWITZ, EDWIN M.  
 7279 LE CHALET BLVD.  
 BOYNTON BEACH FL 33427**

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 \$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 **PD** ☐ Delete  
 NAME **HOROWITZ, EDWIN M.**  
 STREET ADDRESS **7279 LECHALET BLVD.**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/01 561-734-3083  
 Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc # L20330

80059995

EDWIN M. HOROWITZ, C.P.A., P.A.  
CERTIFIED PUBLIC ACCOUNTANT  
7279 LE CHALET BOULEVARD  
BOYNTON BEACH, FLORIDA 33437

(561) 734-3083  
(561) 734-7083 FAX

MEMBER  
FLORIDA INSTITUTE OF C.P.A.'S  
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS

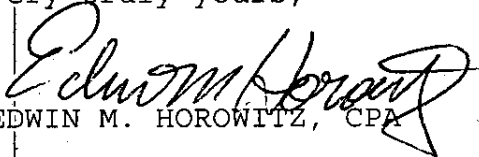
July 5, 2001.

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Fl 32302-1500

Per instructions received from your office this morning  
I am sending the 2001 Uniform Business Report with a check  
in the amount of \$150.00

Please be advised that I did not receive the original  
report for filing. A check of the records will show that  
the reports have been timely filed for the past eleven  
years.

Very truly yours,

  
EDWIN M. HOROWITZ, CPA