

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90033 016 ***150.00

DOCUMENT # L20330

1. Entity Name

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

(L)



Principal Place of Business
**7279 LECHALET BOULEVARD
BOYNTON BEACH FL 33437**

Mailing Address
**7279 LECHALET BOULEVARD
BOYNTON BEACH FL 33437**

00120000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0149159**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF EDWIN M. HOROWITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

Date

561-734-3083

Daytime Phone #

CR2E034 (4/03)

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

90140985
#120330

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

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

July 7, 2003

**Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500**

Please be advised that I had not received the original Uniform Business Report form that would have been due by May 1, 2003. The second notice was received July 5, 2003 and is being filed with a check in the amount of \$150.00 according to the instructions on your recorded message.

Very truly yours,


EDWIN M. HOROWITZ C.P.A.