

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90101 045 \*\*\*150.00

DOCUMENT # M57989

1. Entity Name

SUMMIT EXECUTIVE SEARCH CONSULTANTS, INCORPORATE

Principal Place of Business

420 LINCOLN ROAD  
STE 265  
MIAMI BEACH FL 33139  
US

Mailing Address

420 LINCOLN ROAD  
SUITE 265  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business

25 SOUTHEAST SECOND AVENUE

Suite/Apt. #, etc.

SUITE 338

City & State

MIAMI

Zip

33131

Country

USA

3. Mailing Address

25 SOUTHEAST SECOND AVENUE

Suite/Apt. #, etc.

SUITE 338

City & State

MIAMI

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2839994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLZMAN, ALFRED J.  
420 LINCOLN ROAD  
SUITE 265  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

HOLZMAN, ALFRED J.

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

25 SOUTHEAST SECOND AVENUE

SUITE 338

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.

SIGNATURE ALFRED J. HOLZMAN, Alfred J. Holzman

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

1-16-2001

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLZMAN, ALFRED J.	
STREET ADDRESS	175 SE 25 RD C-7	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ALFRED J. HOLZMAN, Alfred J. Holzman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2001

Date

305-379-5008

Daytime Phone #

CR2E034 (10/00)