

2001 UNIFORM BUSINESS REPORT (UBR)

0026359 AF

DOCUMENT # M99000000063
 1. Entity Name
IRA HOLTZ & ASSOCIATES, LLC

FILED

01 APR 18 PM 2:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
91 FRIENDSHIP STREET 91 FRIENDSHIP STREET
PROVIDENCE RI 02903 PROVIDENCE RI 02903

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **05-0495786** Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GROBMAN, BOB
13864 DEGAS DR. E.
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
 Name **GROBMAN, BOB**
 Street Address (P.O. Box Number is Not Acceptable)
273 FIDDLERS POINT DRIVE
 City **ST. AUGUSTINE FL** Zip Code **32084**

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

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

400004076824--0
-04/25/01--01040--010
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLTZ, IRA 91 FRIENDSHIP ST. PROVIDENCE RI 02903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROBMAN, BOB 13864 DEGAS DR. E. PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROBMAN, BOB 273 FIDDLERS POINT DRIVE ST. AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **4/17/01** **401-591-8963**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)