**FILED** 

## 2002 Uniform Business Report (UBR)

SIGNATURE

## May 21, 2002 8:00 am Secretary of State DOCUMENT # P01000119072 04-10-2002 90669 019 \*\*\*150.00 1. Entity Name MARJORIE A. HORWIN, CPA, P.A. Mailing Address Principal Place of Business 4020 SOUTHWEST 33RD AVENUE 4029 COUTHWEST 33RD AVENUE EONT LAUDERBALE FL 33312 **FORT-LAUDERDALE FL 23312** 2401 NW BOCA RATUR BLD 2401 N.W. Boca Ratan Blvd Boca Ratur FL 33431 BOCA Raton FL 2. Principal Place of Business 2401 NW BUCA RATUR Blud 2401 NW Boca Ration Blvd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State BOCA RATON Not Applicable 01-0553015 130ca Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORWIN, MARJORIE A Street Address (P.O. Box Number is Not Acceptable) 4920 SOUTH MEST 33FD AVENUE - 2401 IN W BOCG Patho Blod BOCA RATON FL 33431 FORT-LAUDERDALE FL 90312---Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. 2401 NW BOCA Ration Blyd (9/07) ☐ Delete TIFLE TITLE NAME NAME HORWIN, MARJORIE A STREET ADORESS Boca Ratur FL 33431 STREET ADDRESS 4928 SOUTHWEST 33RD AVENUE, CITY-ST-ZIP CITY-ST-ZIP **EORT-LAUDERDALE FL-93312** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 13. I hereby certify that the information supplied with this filling 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 error wered.

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # DN 1000119072 1. Entity Name marjorie A Horwin CPA PA DO NOT WRITE IN THIS SPACE 3. Mailing Address 2401 NW BOCA RATION Blvd 2. Principal Place of Business 2401 NW BOLA Retron Blvd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Raton Not Applicable BOCK RATON Boca \$8.75 Additional Country 5. Certificate of Status Desired Country Fee Required 7. Name and Address of Current Registered Agent warnous docurrentDO NOT WRITE Street Address (P.O. Box Number is Not Acceptable IN THIS SPACE NU BUCA RATOR BLVO 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. DATE (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5,00 May Be 9. This corporation is eligible to satisfy its Intangible Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS Marjorie A Horwin TITLE NAME 2401 NW BOCA RESTOR Blud STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-7IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZP TITLE NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TILE HALF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE

11.

TITLE

NAME

TITLE

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TITLE

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TITLE

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NAME

MATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

561)367-1040