

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90121 047 ***150.00

DOCUMENT # P02000101877

1. Entity Name
HOLTZMAN & MCKEY, INC.



Principal Place of Business
**4107 LAGUNA STREET
CORAL GABLES FL 33146
US**

Mailing Address
**4107 LAGUNA STREET
CORAL GABLES FL 33146
US**



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

Applied For

Not Applicable

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

SIMONS, BARRY L ESQUIRE
9700 SOUTH DIXIE HIGHWAY
SUITE 1030
MIAMI FL 33156

Name **ROBERT HOLTZMAN**

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

4107 LAGUNA STREET

City **CORAL GABLES**

FL

Zip Code **33146**

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 \$150.00

After May 1, 2003, Fee will be \$550.00

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 **P,S** ☐ Delete
NAME **HOLTZMAN, ROBERT**
STREET ADDRESS **4107 LAGUNA STREET**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **VP,T** ☐ Delete
NAME **MCKEY, RANDALL**
STREET ADDRESS **4107 LAGUNA STREET**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03 3054612525

Date

Daytime Phone #

CR2E034 (10/02)



Unemployment Tax Employer Registration Report

02000101877

UCS-1
R. 08/01

2007487
UT account number

Please complete front and back in black ink. (Print or type)

1. Federal Employer Identification Number (FEIN)

11 3654643
05 0420887

2. Owner name

Holtzman & Mickey, Inc

(Legal name of individual, principal partner, or corporation.)

3. Business name

(Business, trade, or fictitious (d/b/a) name)

Telephone No. (805) 461-2525

4. Mailing address

4107 Laguna Street, Coral Gables, FL 33146

(Street address, City, State, ZIP)

5. Business location

(Florida street address, City, State, ZIP)

6. Legal entity types (check only one)

☐ Sole proprietor

☐ Partnership

☒ S corporation

☐ Limited partnership

☐ Joint venture

☐ Limited liability corp

☒ Corporation

(state incorporated)

☐ Government instrumentality
(city, county, special district, etc.)

☐ Other

(specify)

7. Employer type (check all that apply)

☒ Regular

☐ Domestic (household)

☐ Indian tribe/Tribal unit

☐ Agricultural (non-citrus)

☐ Agricultural citrus

☐ Agricultural crew chief

☐ Non-profit organization

501(c)(3) (letter must be attached)

☐ Governmental entity

8. Did your business pay federal unemployment tax in another state in the previous or current calendar year?

☐ Yes ☒ No If yes, in which State(s)

Year(s)

9. Date of first employment in Florida

(This includes full and part-time employees and officers of a corporation. If resuming employment, enter date resumed.)

10. Do you use the services of individuals in Florida whom you consider to be self-employed? ☒ Yes ☐ No

If yes, describe the services performed.

sub-contractors

11. If incorporated or registered in Florida, provide your corporate document/registration number:

12. General information

A. Information regarding owner, partners, or officers. (Attach a separate sheet if necessary.)

Full name Robert Holtzman

Title

Home address 8525 SW 148th Terrace

City, State, ZIP

Miami, FL 33158

Home phone number 305-461-2525

SSN

262-92-4525

Full name Randall Mickey

Title

Home address 2226 Cadima Ave

City, State, ZIP

Coral Gables, FL 33134

Home phone number 305-461-2525

SSN

266-17-5329

Full name

Title

Home address

City, State, ZIP

Home phone number

SSN

EFF Date

EST Date

SIC Code

For office use only