

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90052 031 \*\*\*150.00

DOCUMENT # P94000070721

1. Entity Name

HANZMAN CRIDEN CHAYKIN & ROLNICK, P.A.

Principal Place of Business

200 SO. BISCAYNE BLVD  
SUITE 2100  
MIAMI FL 33131  
US

Mailing Address

200 SO. BISCAYNE BLVD  
SUITE 2100  
MIAMI FL 33131  
US

104320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

220 ALHAMBRA CIRCLE

3. Mailing Address

220 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

400 - Suite

Suite, Apt. #, etc.

Suite 400

City & State

Coral Gables, FL

City & State

Coral Gables, FL 33

4. FEI Number

65-0521139

Applied For

Not Applicable

Zip

Country

33134 USA

Zip

Country

33134 USA

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

HANZMAN, MICHAEL A  
200 SOUTH BISCAYNE BLVD  
SUITE 2100  
MIAMI FL 33133

Name Hanzman, Michael A

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

220 ALHAMBRA CIRCLE Suite 400

City

Coral Gables,

FL

Zip Code

33134

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST OK ☐ Delete  
NAME HANZMAN, MICHAEL A OK  
STREET ADDRESS 200 S. BISCAYNE BLVD., STE. 2100  
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME 220 ALHAMBRA CIRCLE #400  
STREET ADDRESS CORAL GABLES, FL 33134  
CITY-ST-ZIP

TITLE D OK ☐ Delete  
NAME CHAYKIN, STEVEN E OK  
STREET ADDRESS 200 S BISCAYNE BLVD., STE 2100  
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME 220 ALHAMBRA CIRCLE #400  
STREET ADDRESS CORAL GABLES, FL 33134  
CITY-ST-ZIP

TITLE VP OK ☐ Delete  
NAME CRIDEN, MICHAEL E OK  
STREET ADDRESS 200 S BISCAYNE BLVD., STE 2100  
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME 220 ALHAMBRA CIRCLE  
STREET ADDRESS SUITE 400, CORAL GABLES, FL 33134  
CITY-ST-ZIP

TITLE D OK OK ☐ Delete  
NAME ROLNICK, ALAN H OK  
STREET ADDRESS 200 S BISCAYNE BLVD STE 2100  
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME 220 ALHAMBRA Circle, Suite 400  
STREET ADDRESS CORAL GABLES, FL 33134  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E CRIDEN, ESQ. VP

Date

1/10/01

Daytime Phone #

305-357-9000

CR2E034 (10/00)