

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90116 040 ***150.00

DOCUMENT # P96000067383

1. Entity Name
HAROLD HAIMOWITZ, P.A.



Principal Place of Business
**555 SOUTH SOUTH FEDERAL HIGHWAY
SUITE 330
BOCA RATON FL 33432**

Mailing Address
**555 SOUTH SOUTH FEDERAL HIGHWAY
SUITE 330
BOCA RATON FL 33432**



2. Principal Place of Business

4700 NW Boca Raton Blvd.

3. Mailing Address

4700 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

Suite 201

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33431

USA

33431

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0686482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAIMOWITZ, HAROLD B
555 SOUTH SOUTH FEDERAL HIGHWAY
SUITE 330
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Harold Haimowitz

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

4700 NW Boca Raton Blvd

City

Boca Raton

FL

Zip Code

33431

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 incorporating)

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

TITLE **D** ☐ Delete
NAME **HAIMOWITZ, HAROLD B**
STREET ADDRESS **555 SOUTH SOUTH FEDERAL HIGHWAY, SUITE 330**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

(561) 988-0823

Daytime Phone #

CR2E034 (10/02)