FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 12, 2001 8:00 am P98000098614 DOCUMENT # Secretary of State 1. Entity Name 07-12-2001 90112 029 ***150.00 HURWITZ KROLL & PARTNERS, INC. Principal Place of Business Mailing Address 8240 NW 52 TERRACE 8240 NW 52 TERRACE NUULUULU SUITE 102 SUITE 102 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0877 158 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. □ Change ☐ Addition CR2E034 (5/01 TITLE ☐ Delete TITLE HURWITZ, NORMAN J NAME NAME 8240 NW 52 TERRACE, SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME KROLL, JOHN C STREET ADDRESS STREET ADDRESS 8240 NW 52 TERRACE, SUITE 102 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 TITLE ☐ Defete TITLE __ Change__ تشتراً Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME 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 Block 12 if

NORMAN HURWITZ

HURWITZ KROLL & PARTNERS, INC.

A National Independent

Life Insurance & Financial Services Agency

Altachment Sich

Phone: (305) 470-0073 Fax: (305) 470-0093

7/5/2001

Dept of State,

We have no record of ever
receiving a notice of this fee in the

year 2001.

When I called the Deat of thete, BUS.D.N.,

they said all notices are sent and in

Jen. We are a very small company with

only a few bills coming in earl month.

I have enclosed a check for \$50.
and sincerely have the Dept. can accept

this.

Thank you in advance for your considertion

Very Truly yours,

Norman from Present.