

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90058 037 \*\*\*150.00

012001E AV

**DOCUMENT # P98000098614**

1. Entity Name  
**HURWITZ KROLL & PARTNERS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8240 NW 52 TERRACE SUITE 102 MIAMI FL 33166	Mailing Address 8240 NW 52 TERRACE SUITE 102 MIAMI FL 33166
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2. Principal Place of Business 15327 N.W. 60 AVE. Suite, Apt. #, etc. SUITE 245 City & State MIAMI LAKES, FL.	3. Mailing Address 15327 N.W. 60 AVE. Suite, Apt. #, etc. SUITE 245 City & State MIAMI LAKES, FL.
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Zip 33014	Country U.S.A.	Zip 33014	Country U.S.A.
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4. FEI Number 65-0877158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 Name **NORMAN HURWITZ c/o HURWITZ KROLL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15327 N.W. 60 AVE.**  
**SUITE 245**  
 City **MIAMI LAKES** FL Zip Code **33014**

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 *Norman Hurwitz* **Norman Hurwitz** **HURWITZ KROLL & PARTNERS, INC.** 4/22/02  
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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HURWITZ, NORMAN J</b> <b>8240 NW 52 TERRACE, SUITE 102</b> <b>MIAMI FL 33166</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KROLL, JOHN C</b> <b>8240 NW 52 TERRACE, SUITE 102</b> <b>MIAMI FL 33166</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HURWITZ, NORMAN J.</b> <b>15327 N.W. 60 AVE. SUITE 245</b> <b>MIAMI LAKES, FL. 33014</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KROLL, JOHN C</b> <b>15327 N.W. 60 AVE. SUITE 245</b> <b>MIAMI LAKES, FL. 33014</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Norman Hurwitz* **Norman Hurwitz** **HURWITZ KROLL & PARTNERS, INC.** 4/22/02 **305-470-0073**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X-337

CR2E034 (9/01)