

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91167 025 ***150.00

DOCUMENT # P98000105090																							
1. Entity Name ALLAN K. HOROWITZ & ASSOCIATES, INC.																							
Principal Place of Business		Mailing Address																					
2. Principal Place of Business 900 WINDERLEY PLACE Suite, Apt. #, etc. SUITE 145 City & State MAITLAND, FL Zip 32751 Country U.S.A.		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country																					
6. Name and Address of Current Registered Agent ALLAN K. HOROWITZ 900 WINDERLEY PLACE, SUITE 145 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																							
4. FEI Number 59-3547076 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>																							
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>P/S/D ALLAN K. HOROWITZ 900 WINDERLEY PLACE, SUITE 145 MAITLAND, FL 32751</td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	P/S/D ALLAN K. HOROWITZ 900 WINDERLEY PLACE, SUITE 145 MAITLAND, FL 32751		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>														
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3. 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: X <i>Allan Horowitz</i>		4/30/01 407 475 9090																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone																					

CR2E034 (11/00)