

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90145 037 ***150.00

DOCUMENT # V57085

1. Entity Name
ALAN E. KRINZMAN, P.A.

Principal Place of Business 2601 S. BAYSHORE DR STE 600 COCONUT GROVE FL 33133 US	Mailing Address 2601 S BAYSHORE DR STE 600 COCONUT GROVE FL 33133 US
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911904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 133 Sevilla Ave Suite, Apt. #, etc.	3. Mailing Address 133 Sevilla Ave Suite, Apt. #, etc.
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City & State Coral Gables, Fl.	City & State Coral Gables, Fl.	4. FEI Number 65-0351420	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country Miami Dade	Zip 33134	Country Miami-Dade

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KRINZMAN, ALAN E.
 11630 SE 62ND AVENUE
 MIAMI FL 33156**

7. Name and Address of New Registered Agent
 Name **Krinzman, Alan E.**
 Street Address (P.O. Box Number is Not Acceptable)
8930 S.W. 115 Terrace
 City **Miami, FL** Zip Code **33176**

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 **Alan E. Krinzman** DATE **1/26/01**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D KRINZMAN, ALAN E. 11630 SW 62ND AVENUE MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Krinzman, Alan E. <input type="checkbox"/> Change <input type="checkbox"/> Addition 8930 S.W. 115 Terrace Miami, Fl. 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 **Alan E. Krinzman, President** Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR01/01

CR2E034 (10/00)