

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
 04-12-2000 90047 048 ***150.00

DOCUMENT # K96880

1. Entity Name

COHN PROPERTIES, INC.

Principal Place of Business

**DUNHILL MANAGEMENT CORP.
 N. SEMORAN BLVD., STE. 222
 ORLANDO FL 32807**

Mailing Address

**C/O DUNHILL MANAGEMENT CORP.
 520 N. SEMORAN BLVD., STE. 222
 ORLANDO FL 32807-3331
 US**

C0058203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2954287**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, MARIO A ESQ
 225 E. ROBINSON ST.
 LANDMARK CENTER II, STE. 540
 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

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.

(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, 2000 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 **DPS** ☐ Delete
COHN, M. S.
 STREET ADDRESS **% 520 N. SEMORAN BLVD. STE. 222**
 CITY-STATE-ZIP **ORLANDO FL 32807**

TITLE **VP** ☐ Delete
COHN, BERNARD
 STREET ADDRESS **% 520 N. SEMORAN BLVD., STE. 222**
 CITY-STATE-ZIP **ORLANDO FL 32807**

TITLE ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-STATE-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 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

Marshall S Cohn Pres.

Date

Daytime Phone #

4/7/00 907 380 3240

CR2E034 (9/99)