

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90123 029 ***150.00

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DOCUMENT # K96880

1. Entity Name
COHN PROPERTIES, INC.



Principal Place of Business
**C/O DUNHILL MANAGEMENT CORP.
520 N. SEMORAN BLVD., STE. 222
ORLANDO FL 32807
US**

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

11030720



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2954287**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, MARIO A ESQ
225 E. ROBINSON ST.
LANDMARK CENTER II, STE. 540
MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

ONE SOUTH ORANGE AVENUE

SUITE 401

City

ORLANDO

FL

Zip Code

32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS COHN, M. S. % 520 N. SEMORAN BLVD. STE. 222 ORLANDO FL 32807	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHN, BERNARD % 520 N. SEMORAN BLVD., STE. 222 ORLANDO FL 32807	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 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

4-29-03 407 380 3290

Date

Daytime Phone #

CR2E034 (10/02)