200	1 UNIFORM BUSI	R)	FILED						
DOCUMENT # L39864  1. Entity Name					Sep 10, 20 Secretar	)01 8: 'y of \$	:00 Sta1	am te	0062940 AV
CBG & A	ASSOCIATES, INC.				09-10-2001 90	051 027 ***	*550.00	0	<
Principal Place of Business 3221 NW 10 TERRACE SUITE 502 FT. LAUDERDALE FL 33309		Mailing Address 3221 NW 10 TERRACE SUITE 502 FT. LAUDERDALE FL 33309				 <b>1111 (1111 (1111 (11</b> 11			
2. Principal Place of Business		3. Mailing Address				BLOT OLDIN BYOYL BY	il Bion Di		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State		<b>4</b> . Fi	59-2987288	<del></del>		lied For Applicable	-
Zip 🛫	Country	Zip	Country	<b>5.</b> C	ertificate of Status Desired		<b>75</b> Addit Required		1
=	6. Name and Address of Current R	egistered Agent	Name	7. N	ame and Address of New Re	jistered Ageni	t		]
COHEN, PHILIP A. 3221 NW 10 TERRACE SUITE 502				Address (P.O. Bo	x Number is Not Acceptable)			·	-
FT. LAUDERDALE FL 33309			City	<del></del>		FL Z	ip Code		1
8. The above	named entity submits this statement for i		egistered office o			da.			]
Tax filing (See crite	pration is eligible to satisfy its Intangible requirement and elects to do so.	! FEE IS \$550 2001*Fee will be to Departmen	e \$750.00	_10Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 Added t	May Be	!	
11.	OFFICERS AND D	- <u>-</u> -	12.	ADD	ITIONS/CHANGES TO OFFIC				1_
NAME STREET ADDRESS CITY-ST-ZIP	COHEN, PHILIP A. 3221 NW 10 TERRACE FT. LAUDERDALE FL 33309	□ Delete	: TITLE NAME STREET ADDRESS : CITY-ST-ZIP				Change	☐ Addition	CR2E034 (5/01)
NAME. STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
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TITLE		☐ Delete	TITLE			□ C	hange	☐ Addition	

STREET ADDRESS

CITY-ST-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 of 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 of trustee empowered to execute finis report of Supplemental report is true and accurate and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute finis report of Supplemental reports are required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP