

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90047 004 ****61.25

DOCUMENT # N03402

1. Entity Name

THE BERT AND BERNIE COHEN FOUNDATION, INC.

Principal Place of Business

Mailing Address

%FREDRICK R MACLEAN
 2800 S. OCEAN BLVD APT 9A
 BOCA RATON FL 33432

%FREDRICK R MACLEAN
 2800 S. OCEAN BLVD APT 9A
 BOCA RATON FL 33432-8372

2. Principal Place of Business

3. Mailing Address

% **ROBERT M. ARLEN**
 Suite, Apt. #, etc.

% **ROBERT M. ARLEN**
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2413400

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARLEN, ROBERT M
 1501 CORPORATE DR
 SUITE 200
 BOYNTON BEACH FL 33426

Name **ARLEN, ROBERT M**
 Street Address (P.O. Box Number is Not Acceptable)
110 E. ATLANTIC AVE STE 330
 City **DELRAY BEACH FL** Zip Code **33444**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
PD	COHEN, BERNARD L. 2800 SOUTH OCEAN BLVD BOCA RATON FL		
STD	COHEN, BERTHA F. 2800 SOUTH OCEAN BLVD BOCA RATON FL		
D	ENGELS, NANCY C. 4210 NAUTILUS DRIVE MIAMI BEACH FL		
AS	ARLEN, ROBERT M. 1501 CORPORATE DR BOYNTON BEACH FL		

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 617, 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 21, 2000 **561-368-4843**
 Date Daytime Phone #

CR2E037 (9/99)