

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90024 050 ****61.25

DOCUMENT # N03402

1. Entity Name

THE BERT AND BERNIE COHEN FOUNDATION, INC.

Principal Place of Business

Mailing Address

% ROBERT M. ARLEN
 2800 S. OCEAN BLVD APT 9A
 BOCA RATON FL 33432

% ROBERT M. ARLEN
 2800 S. OCEAN BLVD APT 9A
 BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

ARLENE, ROBERT M
110 E ATLANTIC AVE
330
DELRAY BEACH FL 33444

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 _____

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	COHEN, BERNARD L.	
STREET ADDRESS	2800 SOUTH OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COHEN, BERTHA F.	
STREET ADDRESS	2800 SOUTH OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGELS, NANCY C.	
STREET ADDRESS	4210 NAUTILUS DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ARLEN, ROBERT M.	
STREET ADDRESS	1501 CORPORATE DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01 561-368-4843
 Date Daytime Phone #

CR2E037 (10/00)