

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90121 001 ****61.25

DOCUMENT # N03402

1. Entity Name

THE BERT AND BERNIE COHEN FOUNDATION, INC.



Principal Place of Business

**% ROBERT M. ARLEN
110 E ATLANTIC AVE. #330
DELRAY BEACH FL 33444**

Mailing Address

**% ROBERT M. ARLEN
110 E ATLANTIC AVE. #330
DELRAY BEACH FL 33444**

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 **59-2413400**

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

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

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. 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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD COHEN, BERTHA F.	<input type="checkbox"/> Delete
STREET ADDRESS	11 ISLAND AVE, #1404	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME	STD ENGELS, NANCY C.	<input type="checkbox"/> Delete
STREET ADDRESS	8034 FISHER ISL DR	
CITY-ST-ZIP	MIAMI FL 33109	
TITLE NAME	AS ARLEN, ROBERT M.	<input type="checkbox"/> Delete
STREET ADDRESS	110 E ATLANTIC AVE, #330	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE NAME	D ENGLES, MARTIN	<input type="checkbox"/> Delete
STREET ADDRESS	8034 FISHER ISLAND DRIVE	
CITY-ST-ZIP	MIAMI FL 33109	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **NOT REQUIRED**

2/24/03 3.15
377-2700

CR2E037 (10/02)