

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18251

1. Entity Name

THE MANNY AND RUTHY COHEN FOUNDATION, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90099 032 \*\*\*\*70.00

Principal Place of Business	Mailing Address
100 SE 2ND ST SUITE 2800 MIAMI FL 33131 US	100 SE 2ND ST SUITE 2800 MIAMI FL 33131-2150 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2744621	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent

MORGENSTERN, MELVIN C  
 100 SE 2ND ST, SUITE 2800  
 ONE INTERNATIONAL PLACE  
 MIAMI FL 33131

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> Delete
NAME	MORGAN, STEPHEN	
STREET ADDRESS	1236 BRACE RD., #K	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORGENSTEIN, ALVIN	
STREET ADDRESS	3020 RODMAN STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORGENSTERN, MELVIN C.	
STREET ADDRESS	100 SE 2ND ST, SUITE 2800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORGAN, STEPHEN	
STREET ADDRESS	1236 BRACE RD., #K	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORGENSTEIN, GERTRUDE	
STREET ADDRESS	3020 RODMAN STREET, NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Melvin C. Morgenstern / 17/00 (305) 529-8450

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Melvin C. Morgenstern Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (9/99)