

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001584

1. Entity Name

THE ALBERT AND SHIRLEY COHEN FOUNDATION, INC.

Principal Place of Business

3802 N.E. 207TH STREET #601
NORTH MIAMI BEACH FL 33180

Mailing Address

3802 N.E. 207TH STREET #601
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0906933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THALER, MANLEY H
700 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401

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

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

TITLE D ☐ Delete
NAME COHEN, ALBERT
STREET ADDRESS 3802 N.E. 207TH STREET #601
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE D ☐ Delete
NAME COHEN, SHIRLEY
STREET ADDRESS 3802 N.E. 207TH STREET #601
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE D ☐ Delete
NAME THALER, MANLEY H
STREET ADDRESS 700 NORTH OLIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90101 019 ****61.25

CU052332



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)