2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
07-10-2001 90114 027 ***150.00

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DOCUMENT # V20191

1. Entity Name
MICHELE COHEN & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2100 NE 191ST DRIVE ~~SUITE 1404~~ N MIAMI BEACH FL 33179 US	2100 NE 191ST DRIVE ~~SUITE 1404~~ N MIAMI BEACH FL 33179 US

772974

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1990 NE 191ST Drive	1990 NE 191ST Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach FL	City & State: N. Miami Beach FL
Zip: 33179 Country: U.S.	Zip: 33179 Country: U.S.

4. FEI Number 65-0327603 ☐ Applied For ☐ Not Applicable

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
HYMAN, STANLEY 2100 NE 191ST DRIVE N MIAMI FL 33179	Name Street Address (P.O. Box Number is Not Acceptable) 1990 NE 191ST Drive City N. Miami Beach FL Zip Code 33179

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, MICHELLE ~~2100 NE 191ST DRIVE~~ N MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS 1990 NE 191ST Drive CITY-ST-ZIP 33179	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HYMAN, STANLEY M ~~2100 NE 191ST DRIVE~~ N MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS 1990 NE 191ST Drive CITY-ST-ZIP 33179	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Stanley Hyman 7/5/01 305-933-4760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment

V20191

712974

0226436

DOCUMENT # V20191

1. Entity Name

MICHELE COHEN & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2100 NE 191ST DRIVE SUITE 1404 N MIAMI BEACH FL 33179 US	2100 NE 191ST DRIVE SUITE 1404 N MIAMI BEACH FL 33179 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0327603 ☐ Applied For ☐ Not Applicable

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
HYMAN, STANLEY 2100 NE 191ST DRIVE N MIAMI FL 33179	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COHEN, MICHELLE 2100 NE 191ST DRIVE N MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HYMAN, STANLEY M 2100 NE 191ST DRIVE N MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

Original Copy

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Stan Hyman 4/27/01 305-937-4760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

#V20191
772974

July 5, 2001

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Re: Michele Cohen & Associates,P.A.
Doc. # - V20191

Dear Sirs:

The above named corporation had filed it's Annual Report at the end of April 2001. We were told there might be a lag in processing the report, so we were not alarmed that the check hadn't cleared in May. Unfortunately, we just received a notice which indicates no filing had been received by your office.

We were instructed to explain this in a letter to you and re-file the form. We have reissued the check for $ 150.00 and have filled out the most recent form which was sent to us. Please contact us if we could furnish you with any additional information.

We hope this letter is sufficient to accept the lower fee. Your cooperation and understanding in regards to this situation is greatly appreciated.

If your office needs any other information, we will furnish it as quickly as possible.

Very Truly Yours,

Stanley Hyman, Secretary
Michele Cohen & Associates,P.A.