

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90010 009 ***150.00

DOCUMENT # V20191

1. Entity Name

MICHELE COHEN & ASSOCIATES, P.A.

Principal Place of Business

**1990 NE 191ST DRIVE
N MIAMI BEACH FL 33179
US**

Mailing Address

**1990 NE 191ST DRIVE
N MIAMI BEACH FL 33179
US**

00030343



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
1990 NE 191ST DRIVE
N MIAMI BEACH 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, 2002 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	Change	Addition
	P			☐ Delete	
	COHEN, MICHELLE	1990 NE 191ST DRIVE	N MIAMI BEACH FL 33179		
	ST			☐ Delete	
	HYMAN, STANLEY M	1990 NE 191ST DRIVE	N MIAMI BEACH FL 33179		
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	

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

1/17/02

Date

305-933-4760

Daytime Phone #

CR2E034 (9/01)