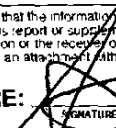


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90740 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		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 HYMAN, STANLEY 1990 NE 191ST DRIVE N MIAMI BEACH, FL 33179		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 _____ DATE _____ Signature is typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when registering.)			
FILE NOW!!! - FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P COHEN, MICHELLE 1990 NE 191ST DRIVE N MIAMI BEACH, FL 33179		☐ Delete ☐ Change ☐ Addition	
ST HYMAN, STANLEY M 1990 NE 191ST DRIVE N MIAMI BEACH, FL 33179		☐ Delete ☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
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 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all officers like empowered.			
SIGNATURE: 		Stanley Hyman 4/29/03 305-933-4760	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Florida Phone	

90123005



☐ CHECK HERE IF MAKING CHANGES

CRF0034 (10/02)