

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005376 AF

**DOCUMENT # A96000001447**

1. Entity Name  
**COHN ASSOCIATES, LTD.**

**FILED**

01 FEB 15 AM 11:58

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**C/O EDITH NEUWAHL  
11800 S.W. 66TH AVENUE  
MIAMI FL 33176**

Mailing Address  
**C/O EDITH NEUWAHL  
11800 S.W. 66TH AVENUE  
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0687627**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES FL 33146**

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 \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **NEUWAHL, EDITH**  
STREET ADDRESS **11800 S.W. 66TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33176**

STREET ADDRESS  
CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Edith Neuwahl G.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Edith Neuwahl, G.P.**

Daytime Phone # **305 661-0956**

CR2E003 (11/00)