

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90003 047 ****50.00

DOCUMENT # L99000000924

1. Entity Name

FRED R. COHN MANAGEMENT SERVICES, L.L.C.



Principal Place of Business

Mailing Address

18290 MEDITERRANEAN BOULEVARD, #506
HIALEAH FL 33015

18290 MEDITERRANEAN BOULEVARD, #506
HIALEAH FL 33015

2. Principal Place of Business

3. Mailing Address

13154 SW 15TH LANE

13154 SW 15TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

Country

33184-2006 MIA-Dade

Zip

Country

33184-2006 MIA-Dade

6. Name and Address of Current Registered Agent

4. FEI Number

65-0900004

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
COHN, FRED R
18290 MEDITERRANEAN BOULEVARD, #506
HIALEAH FL 33015

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

13154 SW 15TH LANE
Miami FL 33184-2006

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☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Fred R. Cohn

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/26/03 305/480/1892

Date

Daytime Phone #

CR2E083 (10/02)