

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90712 023 ***158.78

DOCUMENT # P93000013731

1. Entity Name
19 WOODS CORPORATION



Principal Place of Business
**1026 POINSETTA RD
DELRAY BEACH FL 33483**

Mailing Address
**1026 POINSETTA RD
DELRAY BEACH FL 33483**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0515795**

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

**COHEN, BARRY
1026 POINSETTA RD
DEL REY BEACH FL 33483**

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 \$150.00
After May 1, 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 **PD** ☐ Delete
NAME **COHEN, ALLAN**
STREET ADDRESS **19 WOODS LN**
CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE **SD** ☒ Change ☐ Addition
NAME **ALLAN Cohen**
STREET ADDRESS **19 WOODS LN**
CITY-ST-ZIP **Boynton Bch, FL 33436**

TITLE **SD** ☐ Delete
NAME **COHEN, BARRY**
STREET ADDRESS **1026 POINSETTA RD**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **PD** ☒ Change ☐ Addition
NAME **Barry Cohen**
STREET ADDRESS **21174 La Vista Circle**
CITY-ST-ZIP **Boca Raton, Florida 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

2156/654-4884

Date

Daytime Phone #

CR2E034 (10/02)