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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91465 039 ***150.00

80097610

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079081

1. Entity Name
LAW OFFICES OF STEPHEN M. COHEN, P.A.

Principal Place of Business	Mailing Address
205 WORTH AVE STE 201 PALM BEACH, FL 33480	205 WORTH AVE STE 201 PALM BEACH, FL 33480

2. Principal Place of Business		3. Mailing Address	
1615 FORUN PLACE		1615 FORUM PLACE	
Suite, Apt. #, etc. 500		Suite, Apt. #, etc. 500	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33401	Country US	Zip 33401	Country US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1135218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHEN, COHEN H
205 WORTH AVE STE 201
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name STEPHEN M. COHEN
Street Address (P.O. Box Number is Not Acceptable) 1615 FORUM PLACE
SUITE 500
City WEST PALM BEACH FL Zip Code 33401

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 Steph M. Cohen 24 APRIL 03
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 NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, STEPHEN M 400 S DIXIE HWY, STE 320 BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1615 FORUM PLACE - STE. 500 WEST PALM BEACH, FL 33401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Steph M. Cohen 24 APRIL 03 (561) 697-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #