

UNIFORM BUSINESS REPORT (UBR)

MENT # 267625

N INVESTMENT COMPANY

FILED
Feb 04, 2000 8:00 an
Secretary of State

02-04-2000 90049 001 ***150.00

Place of Business Mailing Address
OAK DR 1374 CENTURY OAK DR
OCOE FL 34761-4026
US

000169



DO NOT WRITE IN THIS SPACE

Place of Business 3. Mailing Address
#, etc. Suite, Apt. #, etc.

City & State
Country Zip Country

4. FEI Number **59-2535871**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, JULES S
1374 CENTURY OAK DR
OCOE FL 34761

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

This named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Corporation is eligible to satisfy its Intangible
Requirement and elects to do so.
(Criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

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12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I 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
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 11 or Block 12 if
I am, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULES S. COHEN

1-30-00

Date

407-419-

Daytime Phone

8572

CR2E034 (9/99)