

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90071 008 \*\*\*150.00

0062382  
AV

**DOCUMENT # 347757**

1. Entity Name

**PENINSULAR TESTING CORP.**

Principal Place of Business

**15705 NW 13TH AVE.  
MIAMI FL 33169**

Mailing Address

**15705 NW 13TH AVE.  
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1262283**

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

**MANLEY  
THALER, MANLEY H  
700 N OLIVE AVE  
WEST PALM BEACH FL 33401**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	PD COHEN, ALBERT	3802 NE 207 ST #601	NORTH MIAMI BCH FL	<input type="checkbox"/>	<input type="checkbox"/>
	S THALER, MANLEY H	700 N OLIVE AVE	WEST PALM BEACH FL 33401	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Albert Cohen* **Albert Cohen, M.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/13/01 (305) 621-4533**

Date

Daytime Phone #

CR2E034 (5/01)

Peninsular Testing Corporation  
15705 N.W. 13th Avenue  
Miami, Florida 33169-2538

Attachment  
A6082094  
Doc # 347757

August 13, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O.Box 1500  
Tallahassee, FL 32302-1500

Re: Document #347757

Gentlemen:

Please be advised that we never received the original Uniform Business Report. Our Federal Identification number is 59-1262283.

Please find enclosed our check for \$150.00 to cover the 2001 report.

Thank you very much for your kind attention to this matter.

  
Sincerely,

PENINSULAR TESTING CORPORATION

Albert Cohen, M.D.  
President/Director

IN WITNESS WHEREOF, the undersigned has executed this Document before a notary this 14<sup>th</sup> day of August, 2001 Dade County, Florida.

  
Albert Cohen

  
Notary

STAMP:



Cheryl Monfries Duggan  
Commission # CC 940217  
Expires May 29, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.