

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90743 029 ***158.75

UNIFORM AT

DOCUMENT # 472214

1. Entity Name

MARILYN S. CAHN, L.C.S.W., INC.



Principal Place of Business

PO BOX 816702
HOLLYWOOD FL 33081
US

Mailing Address

PO BOX 816702
HOLLYWOOD FL 33081
US

2. Principal Place of Business

2400 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 209

3. Mailing Address

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State

Zip
33024

Country
US

Zip

Country

4. FEI Number

59-1585410

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CAHN, MARILYN
2400 UNIVERISTY DRIVE
SUITE 209
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name
CAHN, MARILYN
Street Address (P.O. Box Number is Not Acceptable)
2400 N. UNIVERSITY DRIVE
SUITE 209
City
PEMBROKE PINES, FL Zip Code
33024

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

TITLE SD
NAME CAHN, MARILYN S.
STREET ADDRESS 2400 UNIVERSITY DRIVE, SUITE 209
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD
NAME CAHN, MARILYN S.
STREET ADDRESS 2400 N. UNIVERSITY DRIVE, SUITE 209
CITY-ST-ZIP PEMBROKE PINES, FL 33024 ☐ Change ☐ Addition

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

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

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

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

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

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:

Marilyn S. Cahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10, 2003 (954) 989-1232

Date

Daytime Phone #

CR2E034 (10/02)