

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 480508**

1. Entity Name

**MATTHEW E. COHL, D.D.S., P.A.****FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90051 045 \*\*\*150.00

Principal Place of Business

**9633 W BROWARD BLVD  
STE 9  
PLANTATION FL 33324  
US**

Mailing Address

**16100 N E 16TH AVE. SUITE B  
C/O HIXSON, MARIN, POWELL & DE SANCTIS  
NORTH MIAMI BCH FL 33162-4708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite; Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1859785**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COHL, MATTHEW E  
9633 W BROWARD BLVD #9  
PLANTATION 33324**

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 \$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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	COHL, MATTHEW E.	
STREET ADDRESS	9633 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	COHL, MATTHEW E	
STREET ADDRESS	9633 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS	<input type="checkbox"/> Delete
NAME	GOODMAN, SHELLY	
STREET ADDRESS	9633 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **MATTHEW E. COHL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-2000**

Date

**954-474-4436**

Daytime Phone #

CR2E034 (9/99)