

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90059 018 ***150.00

DOCUMENT # 526652

1. Entity Name

U.S. RESEARCH SERVICE, INC.

Principal Place of Business

11900 BISCAYNE BLVD
STE 261
N. MIAMI FL 33181
US

Mailing Address

11900 BISCAYNE BLVD
STE 261
N. MIAMI FL 33181
US

2. Principal Place of Business

U.S. RESEARCH SERVICE, INC.

Suite, Apt. #, etc.

4989 W. ATLANTIC AVENUE STE B

City & State

DELRAY BEACH, FLORIDA

Zip

33445

Country

FLORIDA

3. Mailing Address

U.S. RESEARCH SERVICE, INC.

Suite, Apt. #, etc.

4989 W. ATLANTIC AVE. STE B

City & State

DELRAY BEACH, FLORIDA

Zip

33445

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1750774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, HARVEY S.

11900 BISCAYNE BLVD
STE 261
MIAMI FL 33181-9726

7. Name and Address of New Registered Agent

Name **HARVEY S. COHEN**

Street Address (P.O. Box Number is Not Acceptable)

4989 W. ATLANTIC AVENUE

STE. B

City

DELRAY BEACH,

FL

Zip Code

33445

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

HARVEY S. COHEN, PRES 4/2/01

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, 2001 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

TITLE **PD** ☐ Delete
NAME **COHEN, HARVEY S.**
STREET ADDRESS **1800 N.E. 114TH ST., 2108**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **SD** ☐ Delete
NAME **COHEN, JEANNE**
STREET ADDRESS **1800 N.E. 114TH ST., 2108**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **V** ☒ Delete
NAME **JOHNSON, GUY**
STREET ADDRESS **13611 SW 110TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

HARVEY S. COHEN 4/2/01 561-638
PRES 5115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)