

DOCUMENT # 603891

1. Entity Name

COHEN, CHASE & HOFFMAN, P.A.

01-14-2000 90036 019 ***150.00

Principal Place of Business	Mailing Address
9400 S DADELAND BLVD SUITE 600 MIAMI FL 33156	9400 S DADELAND BLVD SUITE 600 MIAMI FL 33156-2841

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	59-1423692	Applied For
		Not Applicable
5. Certificate of Status Desired - <input type="checkbox"/> - \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	
CHASE, ALAN R 9400 S. DADELAND BOULEVARD, SUITE 600 MIAMI FL 33156	Name
	Street Address (
	City

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

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 _____ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HOFFMAN, FREDRIC A 9400 S. DADELAND BOULEVARD, SUITE 600 MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CHASE, ALAN R. 9400 S DADELAND BLVD STE 600 MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

[illegible]

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: Fredric A. Hoffman 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00 (305) 670-0201
Date Daytime Phone #

CR2E034 (9/99)