

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90405 035 ***150.00

049402

DOCUMENT # 603987

1. Entity Name

LEWIS H. COHEN ATTORNEY AT LAW, P.A.

Principal Place of Business

**200 BERKLEY RD 115
 HOLLYWOOD FL 33024**

Mailing Address

**P.O. BOX 813849
 HOLLYWOOD FL 33081**

2. Principal Place of Business

3. Mailing Address

200 BERKLEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LK-115

City & State

City & State

HOLLYWOOD FL

Zip

Country

Zip

Country

33024-1171

U.S.A.

4. FEI Number

59-1396096

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

**COHEN, LEWIS H.
 200 BERKLEY RD 115
 HOLLYWOOD FL 33024**

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 *Lewis H. Cohen*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PSD**
 STREET ADDRESS **COHEN, LEWIS H.**
 CITY-ST-ZIP **200 BERKLEY RD 115
 HOLLYWOOD FL 33024**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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:

Lewis H. Cohen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/26/01

Date

Daytime Phone #

CR2E034 (10/00)