

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684802

1. Entity Name

NORMAN G. COHEN, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90015 005 \*\*\*150.00

Principal Place of Business

Mailing Address

1801 S FLAGLER DR  
APARTMENT 703  
WEST PALM BEACH FL 33401-7341  
US

1801 S FLAGLER DR  
APARTMENT 703  
WEST PALM BEACH FL 33401-7346  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2021077

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

COHEN, NORMAN G  
1801 S. FLAGLER DR. #703  
WEST PALM BEACH FL 33401

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	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, ROBERTA B	
STREET ADDRESS	1801 S FLAGLER DR #703	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COHEN, NORMAN G	
STREET ADDRESS	1801 S FLAGLER DR #703	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COHEN, JEFFREY N.	
STREET ADDRESS	2007 20TH STREET N.W.	
CITY-ST-ZIP	WASHINGTON DC 20008	
TITLE	<del>SECRETARY</del>	<input type="checkbox"/> Delete
NAME	<del>JOHN B. COHEN</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13796 LE HAYRE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FLA 33410	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN B COHEN	
STREET ADDRESS	4724 3200 ST NW	
CITY-ST-ZIP	WASHINGTON DC 20008	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 (561) 3072644  
Date Daytime Phone #

CR2E034 (9/99)