

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90338 030 ***150.00

DOCUMENT # 684802

1. Entity Name
NORMAN G. COHEN, INC.



Principal Place of Business
**1801 S FLAGLER DR
APARTMENT 703
WEST PALM BEACH FL 33401-7341
US**

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

JUL 11 2003



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
13337 PROVENCE DR.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PAUM BEACH GARDENS, FL

4. FEI Number **59-2021077**

Applied For
Not Applicable

Zip Country
33410-1246

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required -

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JEFFREY N. COHEN**
Street Address (P.O. Box Number is Not Acceptable)
**13337 PROVENCE DRIVE
PALM BEACH GARDENS FL 33410-1246**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeffrey N. Cohen
Signature typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, NORMAN G	
STREET ADDRESS	1801 S FLAGLER DR #703	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	COHEN, JEFFREY N	
STREET ADDRESS	13796 LE HAVRE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	COHEN, JOHN B	
STREET ADDRESS	4724 32ND ST NW	
CITY-ST-ZIP	WASHINGTON DC 20008	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERTS, NANCY COHEN	
STREET ADDRESS	25 CENTRAL PARK WEST APT 15M	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13337 PROVENCE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey N. Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JEFFREY N. COHEN** **1/23/03 (SG) 3072644**
Date Date/Time Phone #

CR2E034 (10/02)