

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90112 010 \*\*\*\*61.25

**DOCUMENT # 763159**

1. Entity Name

**30TH STREET PROFESSIONAL BUILDING CONDOMINIUM AS  
SOCIATION, INC.**

Principal Place of Business

**LAWRENCE S COHEN MDPA  
13615 BRUCE B DOWNS BLVD # 111  
TAMPA FL 33613-4658**

Mailing Address

**LAWRENCE S COHEN MDPA  
13615 BRUCE B DOWNS BLVD # 111  
TAMPA FL 33613-4658**

2. Principal Place of Business

3. Mailing Address

**19213 Blount Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NA**

City & State

City & State

**Lutz, FL**

Zip

Country

Zip

Country

**33558-4920**

**USA**

4. FEI Number

**59-3103906**

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, LAWRENCE S  
13615 BRUCE B DOWNS BLVD  
# 111  
TAMPA FL 33613-4658**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DURAND, CHERYL</b>	
STREET ADDRESS	<b>271 ORLANDO AVE SO</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32789</b>	
TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, LAWRENCE S.</b>	
STREET ADDRESS	<b>4600 N. HABANA AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33614-7123</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CANEDO, MARIO DR.</b>	
STREET ADDRESS	<b>13901 BRUCE B DOWNS BLVD # 101</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDSTEIN, BERNARD</b>	
STREET ADDRESS	<b>13615 BRUCE B. DOWNS BLVD., SUITE 112</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, BETTY S</b>	
STREET ADDRESS	<b>2623 N. DUNDEE STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DURAND, FRANK</b>	
STREET ADDRESS	<b>271 ORLANDO AVE SO</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32789</b>	

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	
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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 617, 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:

**SIGNATURE REQUIRED**

**1/17/02 813 975 1005**

Date

Daytime Phone #

CR2E037 (9/01)