

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90158 036 \*\*\*\*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

**19213 BLOUNT RD  
LUTZ FL 33558-4920**

**20013065**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3103906**

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

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

7. Name and Address of New Registered Agent

Name

**Same**

Street Address (P.O. Box Number is Not Acceptable)

**19213 Blount Rd**

**Lutz, FL**

**33558-4920**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **DURAND, CHERYL**  
STREET ADDRESS **271 ORLANDO AVE SO**  
CITY-ST-ZIP **ORLANDO FL 32789**

TITLE **PT** ☐ Delete  
NAME **COHEN, LAWRENCE S.**  
STREET ADDRESS **4600 N. HABANA AVENUE**  
CITY-ST-ZIP **TAMPA FL 33614-7123**

TITLE **D** ☐ Delete  
NAME **CANEDO, MARIO DR.**  
STREET ADDRESS **13901 BRUCE B DOWNS BLVD # 101**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **DVP** ☐ Delete  
NAME **GOLDSTEIN, BERNARD**  
STREET ADDRESS **13615 BRUCE B. DOWNS BLVD., SUITE 112**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **DS** ☐ Delete  
NAME **COHEN, BETTY S**  
STREET ADDRESS **2623 N. DUNDEE STREET**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Delete  
NAME **DURAND, FRANK**  
STREET ADDRESS **271 ORLANDO AVE SO**  
CITY-ST-ZIP **ORLANDO FL 32789**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **Same**  
STREET ADDRESS **19213 Blount Rd**  
CITY-ST-ZIP **Lutz, FL 33558-4920**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **Same**  
STREET ADDRESS **19213 Blount Rd**  
CITY-ST-ZIP **Lutz, FL 33558-4920**

TITLE ☐ Change ☐ 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**

**1/16/03 813 909 8414**

CR2E037 (10/02)