

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000495**

1. Entity Name

**THE COHEN FAMILY LIMITED PARTNERSHIP**

Principal Place of Business  
1167 HILLSBORO MILE APT 410  
HILLSBORO BEACH FL 33062

Mailing Address  
1167 HILLSBORO MILE APT 410  
HILLSBORO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 26, 2001**

4. FEI Number **65-6142876**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THALER, MANLEY H ESQ**  
**700 NORTH OLIVE AVENUE**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name  
**ASKEW, JEFFREY ESQ**  
Street Address (P.O. Box Number is Not Acceptable)

**27 PENNOCK LANE, SUITE 101**  
City  
**JUPITER**

FL Zip Code  
**33458**

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]*

1/25/01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,906,360.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$1,906,360.**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HANKIN, RHODA**  
**1167 HILLSBORO MILE APT 410**  
**HILLSBORO BEACH FL 33062**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HANKIN, WILLIAM**  
**1167 HILLSBORO MILE APT 410**  
**HILLSBORO BEACH FL 33062**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
**100003655311--2**  
**-02/07/01--01005--012**  
**\*\*\*526.25 \*\*\*526.25**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**WILLIAM HANKIN, GENERAL PARTNER, RHODA HANKIN, GENERAL PARTNER**

SIGNATURE:

*[Signature]*

2/3/01

(954)421-3659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0000526 AT

CR2E003 (5/01)

STAPLE CHECK HERE