

2000 UNIFORM BUSINESS REPORT (UBR)

0013371 AF

DOCUMENT # A95000002075

1. Entity Name

COHN PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business
89051 Old Hwy
89051 OLD HIGHWAY
TAVERNIER FL 33070

Mailing Address
P.O. Box 1099
89051 OLD HIGHWAY
TAVERNIER FL 33070-1099



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

65-0661857

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

COHN, DAVID M

89051 OLD HIGHWAY

TAVERNIER FL 33070

P.O. Box 1099

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. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME DAVID M. COHN, AS TRUSTEE
STREET ADDRESS 89051 OLD HIGHWAY
CITY - ST - ZIP TAVERNIER FL

STREET ADDRESS P.O. Box 1099
CITY - ST - ZIP Tavernier, FL 33070

DOCUMENT #
NAME COHN, NANCY
STREET ADDRESS 89051 OLD HIGHWAY
CITY - ST - ZIP TAVERNIER FL

STREET ADDRESS P.O. Box 1099
CITY - ST - ZIP Tavernier, FL 33070

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
500003267055--1
05/25/00 01084 019
****526.25 ****526.25

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Signature of Nancy L. Cohn
General Partner

4/24/00

305-853-0595

Date

Daytime Phone #

CR2E003 (9/9)