

# 2002 UNIFORM BUSINESS REPORT (UBR)

001080 AT

DOCUMENT # **A98000002249**

1. Entity Name

**GERARD COHEN FAMILY LIMITED PARTNERSHIP**

FILED

02 MAY -1 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**2821 EVANS STREET  
HOLLYWOOD FL 33020**

Mailing Address

**2821 EVANS STREET  
HOLLYWOOD FL 33020**

2. Principal Place of Business

**3000 SW 42nd St.**  
Suite, Apt. #, etc.

3. Mailing Address

**3000 SW 42nd Street**  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

**Hollywood FL**  
Zip **33312** Country **USA.**

City & State

**Hollywood FL**  
Zip **33312** Country **USA.**

4. FEI Number

**65-0899066**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HKE&F REGISTERED AGENT CORP.  
2601 S. BAYSHORE DRIVE, SUITE 600  
MIAMI FL 33133**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$60,000.00**

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

DOCUMENT #  
NAME **COHEN, GERARD**  
STREET ADDRESS **2821 EVANS STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

DOCUMENT #  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**500005556465--7**  
**-05/17/02--01024--011**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/02

954-899-8823

Date

Daytime Phone #

CR2E003 (9/01)