

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A98000002249

1. Entity Name

GERARD COHEN FAMILY LIMITED PARTNERSHIP



FILED

2003 OCT -3 PM 3:15

DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

200023546882
10/03/03--01071--003 **508.75

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18671 COLLINS AVENUE

3. Mailing Address

2 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

UNIT 1202

Suite, Apt. #, etc.

SUITE 3400

City & State

SUNNY ISLES, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33160

Country

USA

Zip

33131

Country

USA

DUE BY MAY 1

4. FEI Number

65-0899066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VALDES-FAULI CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2 S. BISCAYNE BLVD., SUITE 3400

City
MIAMI

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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

VALDES-FAULI CORPORATE SERVICES, INC.

SIGNATURE

Arthur J. Furia

ARTHUR J. FURIA, VICE PRESIDENT September 24, 2003

DATE

9. Capital Contributions

as Shown on record. \$60,000

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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	COHEN, GERARD 18671 COLLINS AVENUE, UNIT 1202 SUNNY ISLES, FLORIDA 33160	STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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:

Gerard Cohen
GERARD COHEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/29/03

Date

305-932-0534

Daytime Phone #



GunsterYoakley
ATTORNEYS AT LAW

29/2

FILED

2003 OCT -3 PM 3:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

September 30, 2003

Division of Corporations
Attn: Partnership Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Gerard Cohen Family Limited Partnership - Uniform Business Report

Dear Sir/Madam:

We are enclosing the 2003 Uniform Business Report for the above referenced limited partnership along with a check for \$508.75 for the original filing fee as the original Report was never received by our client and the partnership was subsequently revoked. We have changed the mailing address so that this does not happen in the future.

Should you have any questions regarding the foregoing, please do not hesitate to contact the undersigned.

Sincerely,

Michelle Sanderson, CLA
Corporate Paralegal

/ms
Encs.

374457.1