

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002894 AV

DOCUMENT # B00000000148

1. Entity Name

ALBERT COHEN FAMILY LIMITED PARTNERSHIP

FILED  
02 MAR 18 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

700 NORTH OLIVE AVENUE  
WEST PALM BEACH FL 33401

700 NORTH OLIVE AVENUE  
WEST PALM BEACH FL 33401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

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

SCHULTZ, AMY E  
700 NORTH OLIVE AVENUE  
WEST PALM BEACH FL 33401

Name

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

800005170288-6

03/26/02-01079-019

City

\*\*\*\*\*41.25 FL \*\*\*\*\*41.25

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.

\$100.00

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

COHEN, ALBERT M.D.

STREET ADDRESS  
CITY-ST-ZIP

3802 N.E. 207TH STREET, #601  
NORTH MIAMI BEACH FL 33180

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME

F00000002807  
ALBERT COHEN FAMILY MANAGEMENT, INC.

STREET ADDRESS  
CITY-ST-ZIP

3802 N.E. 207TH STREET, #601  
NORTH MIAMI BEACH FL 33180

STREET ADDRESS

CITY-ST-ZIP

800005170288-6

03/26/02-01079-018

\*\*\*100.00 \*\*\*100.00

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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

SIGNATURE:

Albert Cohen (Albert Cohen)

2/22/04

305-932-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE