

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

141.25

DOCUMENT # B00000000148

1. Entity Name
ALBERT COHEN FAMILY LIMITED PARTNERSHIP



FILED

03 MAR -3 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
700 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401

Mailing Address
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

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0733481

Applied For

Not Applicable

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)

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. I am familiar with, and accept the obligations of registered agent.

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 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COHEN, ALBERT M.D.
3802 N.E. 207TH STREET, #601
NORTH MIAMI BEACH FL 33180

STREET ADDRESS

CITY-ST-ZIP

100012563031
02/14/03 01026 018 **100.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
F00000002607
ALBERT COHEN FAMILY MANAGEMENT, INC.
3802 N.E. 207TH STREET, #601
NORTH MIAMI BEACH FL 33180

STREET ADDRESS

CITY-ST-ZIP

100012563031
03/03/03--01054--005 **41.25

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CITY-ST-ZIP

M THOMAS

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

Date Daytime Phone #

Jan 31, 2003

CR2E003 (10/02)