

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90152 047 \*\*\*150.00

**DOCUMENT # F62000**

1. Entity Name

**STANLEY L. COHEN, CPA, P.A.**



Principal Place of Business

**ONE S.E. THIRD AVE.  
10TH FLOOR  
MIAMI FL 33131**

Mailing Address

**3370 NE 190TH STREET  
APT 2608  
AVENTURA FL 33180-2463**

2. Principal Place of Business

3. Mailing Address

**19333 W. COUNTRY CLUB DRIVE  
APT # 230V**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**AVENTURA, FLA**

4. FEI Number

**59-2156630**

Applied For

Not Applicable

Zip

Country

Zip

**33180**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MILLER, HARVEY  
ONE SE THIRD AVE  
10TH FLOOR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, STANLEY L 3370 NE 190TH STREET, #2608 AVENTURA FL 33183-2463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19333 W. COUNTRY CLUB DRIVE APT #230V AVENTURA, FLA 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, SONIA 3370 NE 190TH STREET, #2608 AVENTURA FL 33180-2463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19333 W. COUNTRY CLUB DRIVE APT #230V AVENTURA, FLA 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**STANLEY L. COHEN**

**2/25/03 305-933-0525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)