

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
 09-12-2001 90159 043 ***550.00

013969 AR

DOCUMENT # F80654
 1. Entity Name
COFAM DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
HOLYOKE MALL PO BOX 10115
HOLYOKE MA 01040 HOLYOKE MA 01041

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **52-1361759** 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PST COHEN, HORACE B**
 STREET ADDRESS **396 WILBROD STREET**
 CITY-ST-ZIP **OTTOWA, ONT., CANADA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D COHEN, HORACE B**
 STREET ADDRESS **396 WILBROD STREET**
 CITY-ST-ZIP **OTTOWA, ONT., CANADA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V COHEN, SHARON**
 STREET ADDRESS **396 WILBROD STREET**
 CITY-ST-ZIP **OTTOWA, ONT., CANADA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 NAME
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/01 **4135362 761**
 Date Daytime Phone #

CR2E034 (5/01)