2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96261

1. Entity Name

LAW OFFICE OF DON S. COHN, P.A.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90100 012 ***150.00

Principal Place of Business 1504 N.W. 14TH ST. MIAMI FL 33125 2. Principal Place of Business				Mailing Address 1504 N.W. 14TH ST. MIAMI FL 33125 3. Mailing Address						***************************************	
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Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			K(L')')'/ /K(H)			plied For at Applicable	7
Zip		Country	Zip		Country	5. C	Certificate of Status Desired	□ \$8. Fee	75 Add	ditional	
	6. Name	and Address of Curre	nt Registere	ed Agent		7. N	ame and Address of New Reg	istered Agen	t		
COUN D	ON C				- Name -		***				
COHN, DON S 1504 N.W. 14TH ST.				Street Addres			s (P.O. Box Number is Not Acceptable)				
MIAMI FL								<u> </u>			
					City			r _L	Zip Code		
8. The above the obligat	e named entity tions of regist	submits this statemen ered agent.	t for the purp	ose of changing its	registered office or re-	gistered age	ent, or both, in the State of Florid	a. I am famili	ar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if app	olicable. (NOTE	E: Registered Agent signature n	equired when rei	nstating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.0 • Florida Departmen					Election Campaign Financ Trust Fund Contribution.	cing		May Be	
	n rayable ic	<u> </u>								-	
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12. I hereby certify that the information supplied with this filling 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 receive for rustless 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 attackment with an address, with all other like empowered.

SIGNATURE:

SACIMATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1603 (305)334-161