2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90089 001 ***150.00

DOCUMENT # G83265

1. Entity Name
DONALD T. COHEN C.P.A., P.A.

Principal Place of Business	Mailing Address
4960 SW 72 AVE #401 MIAMI FL 33155 US	4960 SW72 DRIVE #401 MIAMI FL 38155 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
25W N Militory Trail		25W N Militory Trail	
Suite, Apt. #, etc. #283		Suite, Apt. #, etc. #283	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33431	County Palm Beach	Zip 33431	County Palm Beach

4. FEI Number 59-2365216 ☐ 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
COHEN, DONALD 4060 SW 72ND AVE. #401 MIAMI FL 33155	Name: Donald Cohen Street Address (P.O. Box Number is Not Acceptable): 25W N Militory Trail #283 City: Boca Raton FL Zip Code 33431

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] 1-28-03
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	PVST COHEN, DONALD T. 4960 SW 72 AVE. #401 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Donald T Cohen 25W N Militory Trail #283 Boca Raton, FL 33431	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 [signature] 1-28-03 5619888890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #