

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37798

1. Entity Name

COHADE, INC.

Principal Place of Business

Mailing Address

4121 N.W. 9TH AVE.
STE.#1
POMPANO BEACH FL 33064

4121 N.W. 9TH AVE.
STE.#1
POMPANO BEACH FL 33062-6808

2. Principal Place of Business

3. Mailing Address

3250 OLEANDER WAY
Suite, Apt. #, etc.

3250 OLEANDER WAY
Suite, Apt. #, etc.

City & State

City & State

POMPANO BEACH, FL

POMPANO BEACH, FL

Zip

Country

Zip

Country

33062

USA

33062

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHADE, JEAN
4121 N.W. 9TH AVE. UNIT 1
POMPANO BEACH FL 33064

Name COHADE, JEAN
Street Address (P.O. Box Number is Not Acceptable)

3250 OLEANDER WAY
City POMPANO BEACH FL Zip Code 33062

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

JEAN F. COHADE

JEAN F. COHADE

1/4/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 P ☐ Delete
NAME COHADE, JOHN
STREET ADDRESS 4121 N.W. 9TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE P ☒ Change ☐ Delete
NAME COHADE, JEAN
STREET ADDRESS 3250 OLEANDER WAY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE VPT ☐ Delete
NAME COHADE, JEAN CLAUDE
STREET ADDRESS 4121 N.W. 9TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE VPT ☒ Change ☐ Delete
NAME COHADE, JEAN CLAUDE
STREET ADDRESS 3250 OLEANDER WAY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
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:

JEAN F. COHADE

1/4/00 (954) 942-7321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90018 022 ***150.00

80000279



DO NOT WRITE IN THIS SPACE