## 2000 UNIFORM BUSINESS REPORT (UBR)

BAU OF PRINTED NAME OF SIGNING OF

SIGNATURE:

2000	ONIFORM BOSI	NESS NEFU	AI (ODA)	<u>'</u>		t I L L L J		
DOCUMENT # H37798  1. Entity Name					Jan 12, 2000 8:00 am Secretary of State			
COHADE	, INC.					00 90018 02		
Principal Place	e of Business	Mailing Address						
4121 N.W. 9TH AVE.		4121 N.W. 9TH AVE.						
STE.#1 POMPANO BEA	CH FL 33064	STE.#1 POMPANO BEACH FL 33062-6808			B0000279			
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2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt.	OLEANUER WAY #. etc.	3250 OFFANDER WAY Suite, Apt. #, etc.			DO NO	T WRITE IN THIS	S SPACE	
POMPANU DEACH FL		City & State  OOMPANO BEACH FL		_ 4.	4. FEI Number 59-2655184			oplied For ot Augument
Zip	Country	Zip	Country	5.	Certificate of Status De	sired 🔲	\$8.75 Add	
2206	6. Name and Address of Current R	200 Agent	V&A	7.	Name and Address of	New Registerer	Fee Required  Agent	<u> </u>
			Name	COH	4 DF - 11	<u></u>		
					Box Number is Not Acce	ptable)		
4121 N.W. 9TH AVE. UNIT 1 POMPANO BEACH FL 33064			225	n 0/	FORM	WAY		
, 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City	100	- OCACU	<u> 1</u> 00 <del>гу ү</del> <b>F</b>	Zip C62	₽2016
			PUM	PHV	0 10KH(H			17061
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office of rec	jistered ag	jent, or both, in the State	or Florida.	. /	
SIGNATURE (	FAN F. QHADE signature, typed or printed name of registered agent ar	nd title if appricable.	Registered Agent signature	quired when n	einstating)	// /DATE	100	
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Star			10. Election Campaign Financing Trust Fund Contribution.  S5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
11.	OFFICERS AND D	DIRECTORS Delete	12.		DDITIONS/CHANGES T	O OFFICERS AN	ND DIRECTORS Change	S IN 11
TITLE NAME	COHADE, JOHN	□ Detete	NAME	32 C	OLEANDER	WAV	Car onlings	_
STREET ADDRESS CITY-ST-ZIP	4121 N.W. 9TH AVENUE		STREET ADDRESS CITY-ST-ZIP	200 DA	No Branch	•	3069_	
TITLE	POMPANO BEACH FL 33064 VPT	☐ Delete	TITLE	1011	THO PARTITION		Change	
NAME	COHADE, JEAN CLAUDE	_ 3333	NAME	COHA	DE JEAN OFA	CAUDE		
STREET ADDRESS CITY-ST-ZIP	4121 N.W. 9TH AVENUE POMPANO BEACH FL 33064		STREET ADDRESS CITY-ST-ZIP	2250	CEANDER	VAY-1	012-	
TITLE	POMPANO DESCRIPTE 33004	☐ Delete	TITLE	rompi	HAND DEATH	<del>10 79</del>	☐ Change	
NAME STREET ADDRESS			NAME STREET ADDRESS			to make a c		
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME				☐ Change	
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		<b>≅</b> 4 n	CITY-ST-ZIP					<u></u>
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		П	CITY-ST-ZIP				·	
TITLE NAME		L_I Delete	TITLE NAME				☐ Change	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for t	CITY-ST-ZIP the exemption stated	in Section	119.07(3)(i), Florida Sta	itutes. I further c	ertify that the in	nformation
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emporer or on an attachment with an address, w	true and accurate and that my wered to execute this report a	y signature shall have s required by Chapte	the same 607, Flor	legal effect as if made ida Statutes; and that m	under oath; that y name appears	I am an officer s in Block 11 or	or director Block 12 if