

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90085 018 ***150.00

DOCUMENT # H92863

1. Entity Name

MAY & COHEN, P.A.

Principal Place of Business

200 E. BROWARD BLVD.
SUITE 1210
FORT LAUDERDALE FL 33301
US

Mailing Address

200 E. BROWARD BLVD.
SUITE 1210
FORT LAUDERDALE FL 33301
US

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 59-2626796

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

MAY, JON
200 E. BROWARD BLVD.
SUITE 1210
FORT LAUDERDALE FL 33310

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 \$150.00
After MAY 1, 2001 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
NAME MAY, JON
STREET ADDRESS 200 E. BROWARD BLVD., #1210
CITY-ST-ZIP FORT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME COHEN, CAROL
STREET ADDRESS 200 E. BROWARD BLVD., #1210
CITY-ST-ZIP FORT LAUDERDALE FL

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Carol Cohen CAROL COHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01
Date

954 761 7208
Daytime Phone #

CR2E034 (10/00)