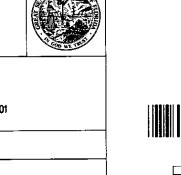
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

H92863 DOCUMENT #

1. Entity Name

MAY & COHEN, P.A.



FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90075 026 \*\*\*150.00

				<del></del>						
Principal Place of Business 110 SE SIXTH STREET SUITE 1970 FORT LAUDERDALE FL 33301 US			110 S SUITE	Mailing Address 110 SE SIXTH STREET SUITE 1970 FORT LAUDERDALE FL 33301 US						
2. Principal Pl	ace of Busin	ess	3. Mail	3. Mailing Address			) (03101) 0140 16110 FISO) 15110 O	}		1361 9361 6681
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	)		City	City & State			4. FEI Number 59-2626796 Applied Fig. Not Applied			oplied For ot Applicable
Zip Country			Zip	Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered				d Agent		7.	Name and Address of New F	Registered Ag	ent	
			-		Nam	е				1
MAY, JON	i XTH STRE	· FT			Stree	t Address (P.O.	Box Number is Not Acceptable	9)		
SUITE 197		· <b>-</b>		-				•		
FORT LAUDERDALE FL 33301					City			FL	Zip Cod	e
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, 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 Fi Trust Fund Contribution			00 May Be d to Fees
10.		OFFICERS AN		I BS	11.	A	L DDITIONS/CHANGES TO OF	FICERS AND I	DIRECTOR	IS IN 11
TITLE NAME STREET ADDRESS	P MAY, JOI 110 SE S	1,	<u> </u>	☐ Delete	TITLE NAME STREET ADDRE				Change	Addition
CITY-ST-ZIP		UDERDALE FL 33301			CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CAROL IXTH STREET #1970 UDERDALE FL 33301		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1011101			☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS			Change	Addition
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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 of the corporation of th

SIGNATURE:

<del>DEGI</del>UREATO I

983-8389