2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 16, 2002 8:00 am Secretary of State DOCUMENT # K97577 1. Entity Name 07-16-2002 90368 018 ***150.00 ARTHUR COHEN INSURANCE ASSOCIATES, INC. Principal Place of Business Mailing Address % ARTHUR COHEN % ARTHUR COHEN 7103 SW 102ND AVE 7103 SW 102ND AVE MIAM! FL 33173 MIAMI FL 33173 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0125843 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent: COHEN. ARTHUR Street Address (P.O. Box Number is Not Acceptable) 7103 SW 102ND AVE **MIAMI FL 33173** City Zip Code hed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above no **SIGNATURE** e, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE PTD ☐ Delete TITLE ☐ Change ☐ Addition NAME COHEN, ARTHUR NAME STREET ADDRESS 7103 SW 102ND AVE STREET ADDRESS CHTY-ST-ZIP Miami fl CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP . Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE

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 emporated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

JANE Takako Da. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 795-0001

☐ Change

☐ Addition



7103 Southwest 102 Avenue Miami, Florida 33173 (305) 595-0001 fax (305) 595-4991 toll-free 1(800) 548-0761

July 10, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Talahassee, FL 32302-1500

Re: Arthur Cohen Insurance Assoc, Inc

FEIN 65-0125843-

Document #K97577

To Whom It May Concern:

Pursuant to my conversation with Scott earlier today, I'm sending the enclosed check in the amount of \$150 for the year 2002, along with the following explanation:

I pride myself on always paying my bills on time; however, I just received the document in yesterday's mail which is why it's being returned to your office so late. I've never been late before, and I've been incorporated since 1989. Hopefully you can take this into consideration.

Thank you for your attention to this matter. Please contact me if there are any questions, or if I can be of further assistance.

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AC/st a year of the continuent in the continuent

\$156 for the 30 to 2002, or my what the following . enclosed to the come to a sky store or a fire