

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90019 043 *****50.00

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DOCUMENT # L02000004202

1. Entity Name

BURK & COHEN, LLC



Principal Place of Business

950 S. PINE ISLAND ROAD
PLANTATION FL 33324

Mailing Address

950 S. PINE ISLAND ROAD
PLANTATION FL 33324

2. Principal Place of Business

7805 SW 6 CT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation Florida

City & State

4. FEI Number

04-3606667

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BURK, STEVEN R
950 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Dale C Cohen

Street Address (P.O. Box Number is Not Acceptable)

7805 SW 6 Court

City Plantation

FL

Zip Code 33324

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]
Signature, typed or printed name of registered agent and title if applicable.

Dale Cohen President

(NOTE: Registered Agent signature required when reinstating)

5-19-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME BURK, STEVEN R P.A.
STREET ADDRESS 315 S.E. 7TH STREET, 1ST FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE MGRM
NAME COHEN, DALE C P.A.
STREET ADDRESS 315 S.E. 7TH STREET, 1ST FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME 7805 SW 6 CT ☒ Change ☐ Addition
STREET ADDRESS Plantation FL 33324
CITY-ST-ZIP

TITLE
NAME 7805 SW 6 CT ☒ Change ☐ Addition
STREET ADDRESS Plantation FL 33324
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-19-03 954-476-9100

CR2E083 (10/02)