

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03402

1. Entity Name

THE BERT AND BERNIE COHEN FOUNDATION, INC.

FILED

Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90024 050 \*\*\*\*61.25

Principal Place of Business

% ROBERT M. ARLEN  
2800 S. OCEAN BLVD APT 9A  
BOCA RATON FL 33432

Mailing Address

% ROBERT M. ARLEN  
2800 S. OCEAN BLVD APT 9A  
BOCA RATON FL 33432

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

59-2413400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ARLENE, ROBERT M  
110 E ATLANTIC AVE  
330  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME COHEN, BERNARD L.  
STREET ADDRESS 2800 SOUTH OCEAN BLVD  
CITY-ST-ZIP BOCA RATON FL

TITLE STD ☐ Delete  
NAME COHEN, BERTHA F.  
STREET ADDRESS 2800 SOUTH OCEAN BLVD  
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ Delete  
NAME ENGELS, NANCY C.  
STREET ADDRESS 4210 NAUTILUS DRIVE  
CITY-ST-ZIP MIAMI BEACH FL

TITLE AS ☐ Delete  
NAME ARLEN, ROBERT M.  
STREET ADDRESS 1501 CORPORATE DR  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01 561-368-4843

CR2E037 (10/00)