

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003134

1. Entity Name

RITA AND JEROME J. COHEN FOUNDATION, INC.

Principal Place of Business

Mailing Address

1125 NE 125TH STRET
SUITE 206
NORTH MIAMI FL 33161

1125 NE 125TH STRET
SUITE 206
NORTH MIAMI FL 33161-5014

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

31-1574899

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

Name

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

City

FL

Zip Code

COHEN, JEROME J
1125 NE 125TH STRET
SUITE 206
NORTH MIAMI FL 33161

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 PSTD
NAME COHEN, JEROME J
STREET ADDRESS 1125 NE 125TH ST., #206
CITY-ST-ZIP NORTH MIAMI FL 33161

☐ Delete

TITLE VD
NAME COHEN, RITA
STREET ADDRESS 11111 BISCAYNE BLVD., #227
CITY-ST-ZIP MIAMI FL 33181

☐ Delete

TITLE D
NAME COHEN, LAWRENCE J
STREET ADDRESS 1920 NE 211 TERR
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

JEROME J. COHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 305-895-6500
Date Daytime Phone #