

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

0150441

DOCUMENT # P00000041137

1. Entity Name

COHEN / FOX P.A.

03-13-2001 90313 025 ***150.00

Principal Place of Business

200 SOUTH BISCAYNE BLVD., 20TH FLOOR
 MIAMI FL 33131

Mailing Address

200 SOUTH BISCAYNE BLVD., 20TH FLOOR
 MIAMI FL 33131

4/13 NOV 00 8:10



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 So. Biscayne Blvd.

3. Mailing Address

201 So. Biscayne Blvd.

Suite, Apt. #, etc.
 850

Suite, Apt. #, etc.
 850

City & State
 Miami, FL

City & State
 Miami, FL

4. FEI Number
 65-1001392

Applied For
 Not Applicable

Zip
 33131

Country
 USA

Zip
 33131

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION
 200 SOUTH BISCAYNE BLVD., 20TH FLOOR
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *address change only*
 Street Address (P.O. Box Number is Not Acceptable)
 201 So. Biscayne Blvd., #850
 Miami, FL 33131
 City **FL** Zip Code **33131**

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

Jan Carson Cheezem, Pres.

3/7/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY-1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust/Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **COHEN, ROBERT A**
 STREET ADDRESS **200 SOUTH BISCAYNE BLVD., 20TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
 NAME **FOX, SPENCER**
 STREET ADDRESS **200 SOUTH BISCAYNE BLVD., 20TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
 NAME **CHEEZEM, JAN CARSON**
 STREET ADDRESS **200 SOUTH BISCAYNE BLVD., 20TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **201 So. Biscayne Blvd. #850**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **T, VP Vice President, Treas.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **201 So. Biscayne Blvd. #850**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **S Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **201 So. Biscayne Blvd. #850**
 CITY-ST-ZIP **Miami, FL 33131**

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

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

Jan Carson Cheezem
 Director

3/7/01 305/702-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)