

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90078 007 ***150.00

DOCUMENT # P00000084748

1. Entity Name

HUSTON'S AMERICA, INC.

Principal Place of Business

**5322 GARRETT LANE
WEST PALM BEACH FL 33417**

Mailing Address

**5322 GARRETT LANE
WEST PALM BEACH FL 33417**

2. Principal Place of Business

3285 South Military Trail

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake worth FL

City & State

Zip

33463Country
USA

Country

4. FEI Number

65-1039134

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

**COHEN, SHELDON
5322 GARRETT LANE
WEST PALM BEACH FL 33417**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, SHELDON	
STREET ADDRESS	5322 GARRETT LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, SANDRA	
STREET ADDRESS	5322 GARRETT LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, ERIC	
STREET ADDRESS	5322 GARRETT LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Sheldon Cohen President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Sheldon Cohen 2/3/01 5619650722**
Date Daytime Phone #

CR2E034 (10/00)