2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000000629 **DOCUMENT #**

1. Entity Name

COHEN MANAGEMENT, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90042 027 ***150.00

Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)												
Surge, Apt. #, etc. Surge, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State City & State Check City & State Check Country City City City City Country City	7011 HIALEAH LANE			7011	7011 HIALEAH LANE							
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See Required See	City & Stat	е		City	City & State			4.	65-1068789	<u></u>	oplied For of Applicable	
AGLAUSER, STUART H 12910 SW 84 STREET MAMI FL 33183 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and till rapplication. (NOTE Registered Agent agrature required when relinitating)	Zip	Country			Zip Count			5.	Certificate of Status Desired			
Street Acidress (P.O. Box Number is Not Acceptable) Street Acidress (P.O. Box Number is Not Acceptable) City	6. Name and Address of Current				legistered Agent			7. Name and Address of New Registered Agent				
12910 SW 84 STREET MIAMI FL 33183 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. I am familiar with, and accident to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accident to registered agent and title it applicable. FILE NOW!!! FEE IS \$15.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME OITH-ST-ZIP OHEN, BRIAN P OPARKLAND FL 33067 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME SIREST ADDRESS OITH-ST-ZIP OITH-ST-Z							Name					
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3/(i). Florida Statutes, 1 further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			Market Co.		NAM STRE CITY	EET ADORESS -ST-ZIP	Onc.	140 07(0V) Florida Contrar 16 11		Addition	

indicated on this report or 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 10 or Block 11 if changed, or on an attachment with an address with all other like expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR