FILED

Davtime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE: X

Apr 11, 2002 8:00 am Secretary of State P01000036627 **DOCUMENT #** 03-18-2002 90014 004 ***150.00 1. Entity Name COHEN & KAHN, P.A Principal Place of Business Mailing Address 4000 HOLLYWOOD BLVD., STE. 435 S. 4000 HOLLYWOOD BLVD., STE. 435 S. 23396 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Bus 000 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 400 Applied For 4. FEI Numbe Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAHN, HOWARD N Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD., STE. 435 S. HOLLYWOOD FL 33021 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 V (NOTE: Registered Agent signature required when reinstating) DATE use, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fee: (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change : TITLE ☐ Delete IIILE mark Q. COHEN, MARK D ESQ NAME Sta. 400 No 4000 Hollywo STREET ADDRESS STREET ADDRESS 4000 HOLLYWOOD.BLVD., STE. 435 S. HOLLYWOOD FL 33021 CITY-ST-ZIP Holly word CITY-ST-ZIP D Change TITLS. D ☐ Delete TITLE NAME NAME KAHN, HOWARD N MOL Ste. 400 No 4000 HOLLYWOOD BLVD., STE. 435 S. STREET ADDRESS 000 Holl STREET ADDRESS CITY-ST-ZIP .CITY_ST_ZIP_ HOLLYWOOD FL 33021 Addition TITLE ☐ Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 excusate 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 enflowered processfule 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 addre

E OF SIGNANG OFFICER OR DIRECTOR