

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-27-2002 90328 006 ***150.00

DOCUMENT # P01000059491

1. Entity Name

WALD, COHEN AND SCHNEIDER, P.A.

Principal Place of Business

9700 SOUTH DIXIE HIGHWAY, SUITE 900
 MIAMI FL 33156

Mailing Address

9700 SOUTH DIXIE HIGHWAY, SUITE 900
 MIAMI FL 33156

2. Principal Place of Business

11420 N. Kendall Drive
 Suite, Apt. #, etc.
 203
 City & State
 Miami FL

3. Mailing Address

11420 N. Kendall Drive
 Suite, Apt. #, etc.
 203
 City & State
 Miami FL

4. FEI-Number

65-1112882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALD, EARL A
 9700 SOUTH DIXIE HIGHWAY, SUITE 900
 MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

11420 N. Kendall Drive

Suite 203

City

Miami

FL

Zip Code
 33176

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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

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FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	WALD, EARL A	
STREET ADDRESS	9700 SOUTH DIXIE HIGHWAY, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COHEN, ALBERT	
STREET ADDRESS	9700 SOUTH DIXIE HIGHWAY, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHNEIDER, GARY	
STREET ADDRESS	9700 SOUTH DIXIE HIGHWAY, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 35-371 3066

CR2E034 (9/01)