

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067043

1. Entity Name
NANCOH CONSULTING, INC.

Principal Place of Business
6278 N FEDERAL HWY. STE 505
FT LAUDERDALE FL 33308

Mailing Address
6278 N FEDERAL HWY. STE 505
FT LAUDERDALE FL 33308

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
.....

Suite, Apt. #, etc.
.....

City & State
.....

City & State
.....

Zip	Country	Zip	Country	4. FEI Number 65-1154158	Applied For Not Applicable
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5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHEN, NANCY J
918 SPRING CIRCLE, STE 208
DEERFIELD BCH FL 33441

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS COHEN, NANCY J 6278 N FEDERAL HWY, STE 505 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

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: Nancy Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (954) 531-1060

Date

Daytime Phone #