

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91485 028 ***150.00

DOCUMENT # P02000027927

1. Entity Name
ARTHUR P. COHEN, P.A.



Principal Place of Business
**621 NORTHWEST 53RD STREET
SUITE 390
BOCA RATON FL 33487**

Mailing Address
**621 NORTHWEST 53RD STREET
SUITE 390
BOCA RATON FL 33487**



2. Principal Place of Business

500 W. CYPRESS CREEK Rd.

Suite, Apt. #, etc.
SUITE 300

City & State
FT. LAUDERDALE, FL

Zip
33309

Country
USA

3. Mailing Address

500 W. CYPRESS CREEK Rd.

Suite, Apt. #, etc.
SUITE 300

City & State
FT. LAUDERDALE, FL

Zip
33309

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

47-0854062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COHEN, ARTHUR P
621 NORTHWEST 53RD STREET
SUITE 390
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name
COHEN, ARTHUR P.
Street Address (P.O. Box Number is Not Acceptable)
500 W. CYPRESS CREEK Rd.
SUITE 300
City
FT. LAUDERDALE FL Zip Code
33309

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 accept the obligations of registered agent.

SIGNATURE

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

ARTHUR P. COHEN, PRES. 4-22-03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
P ☐ Delete
NAME
COHEN, ARTHUR P
STREET ADDRESS
621 NORTHWEST 53RD STREET, SUITE 390
CITY-ST-ZIP
BOCA RATON FL 33487

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**500 W. CYPRESS CREEK Rd. SUITE 300
FT. LAUDERDALE, FL. 33309**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE:

Arthur P. Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARTHUR P. COHEN, PRES. 4-22-03 491-9797
Date Daytime Phone #

CR2E034 (10/02)