

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90032 002 ***150.00

DOCUMENT # P02000040781

1. Entity Name
SORYL COHEN, P.A.



Principal Place of Business
PO BOX 266425
WESTON FL 33326-6425

Mailing Address
PO BOX 266425
WESTON FL 33326-6425



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

Applied For

01-0671613

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A1A CORPORATE SERVICES INC.
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

Name

SORYL COHEN

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

2532 ROYAL PALM WAY

City

WESTON

FL

Zip Code

33327

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

1/6/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME COHEN, SORYL
STREET ADDRESS 2532 ROYAL PALM WAY
CITY-ST-ZIP WESTON FL 33027

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 33327
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME COHEN, MARTIN
STREET ADDRESS 2532 ROYAL PALM WAY
CITY-ST-ZIP WESTON FL 33027

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 33327
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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 an address, with all other like empowered.

SIGNATURE: Soryl Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03
Date

954-217-2088
Daytime Phone #

CR2E034 (10/02)