## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

1025 KANE CONCOURSE. SUITE 215 BAY HARBOR ISLANDS FL 33154

P02000104631

1. Entity Name

ATLANTIC & PACIFIC DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address C/O HOWARD D. COHEN C/O HOWARD D. COHEN

1025 KANE CONCOURSE. SUITE 215

BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 76-07163 75 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COHEN, HOWARD D Street Address (P.O. Box Number is Not Acceptable) 1025 KANE CONCOURSE **SUITE 215** 3 BAY HARBOR ISLADNS FL 33154 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150:00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 10. PRES IDENT Change Addition TITLE ☐ Delete TITLE HOWALD D. COHEN NAME NAME 1025 KANE CONCOURSE, SUITE 217 STREET ADDRESS STREET ADDRESS BAY MARGOR WULNES, FL 33154 CITY-ST-7IP CITY-ST-7(P VICE PAES, SEC, TAEAS Change Addition TITLE TITLE ☐ Delete KEWETH J. COHEN NAME NAME STREET ADDRESS 1027 KAME CONCOUNTE, & UITE 215 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAY MUGOL ISUMPS, PL 33154 VICE PAGE Addition ☐ Change TITLE ☐ Delete TITLE SOULLY D. CONEN NAME EANE CONCOURCE, SUITE 215 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BAY HARBOR 4 HADS, FL 33154 VICE PLES Addition ☐ Change ☐ Delete TITLE DAVID G. HALPRYN NAME NAME ICET PANE CONCOURSE, JUITE ZIT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MASOR ISUMPS, FC 33154

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

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

VICE PAES

RODNEY A. SMITH

CORAL SPRINGS, FL

WEST SAMPLE CO.

Change

Change

**FILED** 

May 02, 2003 8:00 am Secretary of State

05-02-2003 90134 016 \*\*\*150.00

✓ Addition

Addition