

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0227814

DOCUMENT # P93000051560

1. Entity Name

ELAINE COHEN GALLERY, INC.

05-16-2001 90035 035 ***150.00

Principal Place of Business

4000 N.E. 170 ST.
 #603
 NORTH MIAMI BEACH FL 33160

Mailing Address

4000 N.E. 170 ST.
 #603
 NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

397 N.E. 2nd Ave.
 Suite, Apt. #, etc.
 Hallandale Beach, FL.
 City & State
 33009

3. Mailing Address

20515 E. Country Club Dr.
 Suite, Apt. #, etc.
 2049
 City & State
 ventura, FL.
 Zip
 33180



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0434026**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARBIN, EVAN R
 48 EAST FLAGLER ST.
 PENTHOUSE 104
 MIAMI FL 33131

7. Name and Address of New Registered Agent

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

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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **COHEN, ELAINE**
 CITY-ST-ZIP **4000 N.E. 170 ST., #603**
NORTH MIAMI BEACH FL 33160

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **20515 E. Country Club Dr. #2049**
 CITY-ST-ZIP **ventura, FL. 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Elaine Cohen, President
 Elaine Cohen, President 5/1/01
 954-458-0014

CR2E034 (10/00)