

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000059389**1. Entity Name
MICHAEL A. COHEN, P.A.

Principal Place of Business

2000 S DIXIE HWY
SUITE 100-R
MIAMI
33133

FL

Mailing Address

2000 S DIXIE HWY
SUITE 100-R
MIAMI
33133

FL

2. Principal Place of Business

2000 S DIXIE HWY

3. Mailing Address

2000 S DIXIE HWY

Suite, Apt. #, etc.
SUITE 100Suite, Apt. #, etc.
SUITE 100City & State
MIAMI

FL

City & State
MIAMI

FL

Zip
33133

Country

Zip
33133

Country

4. FEI Number
65-0512459

Applied For

Not Applicable

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 MICHAEL A
2000 S DIXIE HWY
SUITE 100-R
MIAMI
33133

FL

7. Name and Address of New Registered Agent

Name

COHEN MICHAEL A

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

2000 S DIXIE HWY

SUITE 100

City
MIAMI

FL

Zip Code
33133

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 _____ **04/23/2001**

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 P ☐ Delete
NAME COHEN MICHAEL A
STREET ADDRESS 2000 S. DIXIE HIGHWAY, STE. 100-R
CITY-ST-ZIP MIAMI FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME COHEN MICHAEL A
STREET ADDRESS 2000 S. DIXIE HIGHWAY, STE. 100
CITY-ST-ZIP MIAMI FL 33133TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: Michael A. Cohen

p

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)