

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90546 006 ***150.00

01/21/03 08:00 AM

DOCUMENT # P95000046550

1. Entity Name
ABLE UNEMPLOYMENT COMPENSATION CONSULTANTS, INC.



Principal Place of Business
% SPENCER COHN
1309 HARRISON STREET
HOLLYWOOD FL 33019

Mailing Address
% SPENCER COHN
1309 HARRISON STREET
HOLLYWOOD FL 33019



2. Principal Place of Business

Spencer Cohn
1861 N. FEDERAL HWY
Suite # 226
Hollywood, FL

City & State
Hollywood, FL
Zip
33020
Country
USA

3. Mailing Address

Spencer Cohn
1861 N. FEDERAL HWY
Suite # 226
Hollywood, FL

City & State
Hollywood, FL
Zip
33020
Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0602236

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, SPENCER

~~1309 HARRISON STREET~~ **1861 N. FEDERAL HWY**
~~HOLLYWOOD FL 33019~~ **Suite # 226**
Hollywood, FL 33020

7. Name and Address of New Registered Agent

Name
Spencer Cohn
Street Address (P.O. Box Number is Not Acceptable)
1861 N. FEDERAL HWY, Suite 226
Hollywood, FL
City
FL Zip Code
33020

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 **president**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/16/03**

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
TP
NAME
COHN, SPENCER
STREET ADDRESS
~~1309 HARRISON ST~~
CITY-ST-ZIP
~~HOLLYWOOD FL 33019~~

TITLE
S
NAME
COHN, SPENCER
STREET ADDRESS
~~1309 HARRISON ST~~
CITY-ST-ZIP
~~HOLLYWOOD FL~~

TITLE
None
NAME
None
STREET ADDRESS
None
CITY-ST-ZIP
None

TITLE
None
NAME
None
STREET ADDRESS
None
CITY-ST-ZIP
None

TITLE
None
NAME
None
STREET ADDRESS
None
CITY-ST-ZIP
None

TITLE
None
NAME
None
STREET ADDRESS
None
CITY-ST-ZIP
None

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
TP
NAME
COHN, SPENCER
STREET ADDRESS
1861 N. FEDERAL HWY # 226
CITY-ST-ZIP
Hollywood, FL 33020

TITLE
S
NAME
COHN, SPENCER
STREET ADDRESS
1861 N. FEDERAL HWY # 226
CITY-ST-ZIP
Hollywood, FL 33020

TITLE
None
NAME
None
STREET ADDRESS
None
CITY-ST-ZIP
None

TITLE
None
NAME
None
STREET ADDRESS
None
CITY-ST-ZIP
None

TITLE
None
NAME
None
STREET ADDRESS
None
CITY-ST-ZIP
None

TITLE
None
NAME
None
STREET ADDRESS
None
CITY-ST-ZIP
None

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03
Date

(305) 466-7004
Daytime Phone #

CR2E034 (10/02)