

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90479 026 ***150.00

DOCUMENT # P95000080267

1. Entity Name
COBRE CENTRAL CORP.



Principal Place of Business
100 HACKENSACK AVE.
SOUTH KEARNY NJ 07032

Mailing Address
100 HACKENSACK AVENUE
SOUTH KEARNY NJ 07032
US

2. Principal Place of Business

100 No. Hackensack Ave.
Suite, Apt. #, etc.

3. Mailing Address

100 No. Hackensack Ave.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0624873**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

EPSTEIN, ELAINE
9360 BALADA ST
CORAL GABLES FL 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature]
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **KAPLAN, JERRY**
STREET ADDRESS **100 HACKENSACK AVENUE**
CITY-ST-ZIP **SOUTH KEARNY NJ 07032**

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

TITLE **PD** ☐ Delete
NAME **EPSTEIN, ELAINE**
STREET ADDRESS **9360 BALADA ST**
CITY-ST-ZIP **CORAL GABLES FL 33156**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03 **973-465-7400**
Date Daytime Phone #

CR2E034 (10/02)