

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**  
 09-17-2001 90142 032 \*\*\*550.00

0079418 AV

**DOCUMENT # P95000087231**

1. Entity Name  
**ROBIN COGAS, LCSW, P.A.**

Principal Place of Business  
**135 SE 5TH AVE**  
**#4**  
**DELRAY BEACH FL 33483**

Mailing Address  
**502 SUNSHINE DR**  
**DELRAY BEACH FL 33444**

**00063918**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**505 S.E. 23<sup>RD</sup> AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**502 SUNSHINE DRIVE**  
 Suite, Apt. #, etc.

City & State  
**BOYNTON BEACH, FL**  
 Zip  
**33435**  
 Country  
**PALM BEACH**

City & State  
**DELRAY BEACH, FL**  
 Zip  
**33444**  
 Country  
**PALM BEACH**

4. FEI Number  
**65-0657342**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COGAS, ROBIN**  
**502 SUNSHINE DR**  
**DELRAY BEACH FL 33444**

**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 *Robin Cogas LCSW*  
 Signature, typed or printed name of registered agent and title if applicable.

**9-12-01**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>COGAS, ROBIN</b><br><b>502 SUNSHINE DR</b><br><b>DELRAY BEACH FL 33444</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Delete            |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Robin Cogas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBIN COGAS**

**9-12-01** **561-276 2315**  
 Date Daytime Phone #

CR2E034 (5/01)