

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90153 030 ***150.00

DOCUMENT # P96000083914

1. Entity Name

COHEN & CRAMER, INCORPORATED

Principal Place of Business

**1499 W PALMETTO PARK RD
170
BOCA RATON FL 33486
US**

Mailing Address

**1499 W PALMETTO PARK RD
170
BOCA RATON FL 33486
US**

2. Principal Place of Business

1499 W Palmetto Park Rd

3. Mailing Address

1499 W Palmetto Park Rd

Suite, Apt. #, etc.

Suite 172

Suite, Apt. #, etc.

172

City & State

Boca Raton

City & State

Boca Raton

Zip

33486

Country

USA

Zip

33486

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0690624

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, MARK A
6899 VIENTO WAY
BOCA RATON FL 33433**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	COHEN, MARK A	
STREET ADDRESS	6899 VIENTO WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	☐ Delete
NAME	CRAMER, STEVEN M	
STREET ADDRESS	4601 NW 26 WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 561 447 6269

Date

Daytime Phone #

CR2E034 (9/01)