

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90280 035 ***150.00

DOCUMENT # P96000103225

1. Entity Name

TWO COUSINS CORP.

Principal Place of Business

Mailing Address

340 S. STATE RD 434
ALTAMONTE SPRINGS FL 32714
US

340 S. STATE RD 434
ALTAMONTE SPRINGS FL 32714-3823
US

2. Principal Place of Business

3. Mailing Address

390-CHINDOK Circle
Suite, Apt. #, etc.

390-CHINDOK Circle
Suite, Apt. #, etc.

City & State
LAKE MARY, FLORIDA

City & State
LAKE MARY, FLORIDA

Zip
32746

Country
U.S.A

Zip
32746

Country
U.S.A

4. FEI Number

65-0716041

Applied For

Not Applicable

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

ROSEN, LAWRENCE N
2925 AVENTURA BLVD STE 308
AVENTURA FL 33180

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MURRAY BOBCHIN	
STREET ADDRESS	808 SILVERSMITH CIR	→
CITY-ST-ZIP	LAKE MARY FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	IRIS BOBCHIN	
STREET ADDRESS	808 SILVERSMITH CIR	→
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY BOBCHIN	
STREET ADDRESS	390-CHINDOK CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL. 32746	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRIS BOBCHIN	
STREET ADDRESS	390-CHINDOK CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL. 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MURRAY BOBCHIN 4/24/00 (407) 324-0802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)