2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91837 010 ***150.00

DOCUMENT # P97000020669

1. Entity Name
ALEX COHEN CONSULTING, INC.

Principal Place of Business	Mailing Address
~~16328 NW 14TH STREET~~ ~~PEMBROKE PINES, FL 33028 US~~	~~13577 FEATHER SOUND DR~~ ~~#400~~ ~~CLEARWATER, FL 33762 US~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
80 S.W. 8th Street	SAME
Suite, Apt. #, etc.: Suite 1720	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33130 Country: USA	Zip Country

4. FEI Number ☐ Applied For X 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
~~KIRKLAND, JACK~~ ~~13577 FEATHER SOUND DR~~ ~~#400~~ ~~CLEARWATER, FL 33762~~	Name: I&A Corporate Services, Inc Street Address (P.O. Box Number Is Not Acceptable): 80 S.W. 8th Street - Suite 1720 City: Miami FL Zip Code: 33130

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] DATE 4/16/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTS ☐ Delete	TITLE	PTS – Cynthia G. Wilcox ☐ Change ☐ Addition
NAME	WILCOX, CYNTHIA G	NAME	
STREET ADDRESS	~~16328 NW 14TH STREET~~	STREET ADDRESS	80 S.W. 8th Street - Suite 1720
CITY-ST-ZIP	~~PEMBROKE PINES, FL 33028~~	CITY-ST-ZIP	Miami, FL 33130
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] 4/16/2003 (305) 577-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)