

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-17-2003 90210 044 ***150.00

DOCUMENT # P97000067197

1. Entity Name
PORT LYN INC.



Principal Place of Business
P.O. BOX 684
HOLLYWOOD FL 33083; 1050 SW 191st Ave
Pembroke Pines FL 33029

Mailing Address
P.O. BOX 684
HOLLYWOOD FL 33029; 1050 SW 191st Ave
Pembroke Pines FL 33029



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0791239**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, DAVID A
700 N.W. 214TH STREET
APT. 619
MIAMI FL 33169

1050 S.W. 191st AVE
PEMBROKE PINES FL.
33029

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **COHEN, KAREN LISAC**
STREET ADDRESS **700 NW 204TH ST #619**
CITY-ST-ZIP **MIAMI FL 33169**

☐ Delete
Karen Lisac-Cohen
1050 SW 191st Ave
Pembroke Pines FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VPT**
NAME **COHEN, DAVID**
STREET ADDRESS **700 NW 214TH ST #619**
CITY-ST-ZIP **MIAMI FL 33169**

☐ Delete
COHEN DAVID
1050 S.W. 191 AVE
PEMBROKE PINES
FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)