

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094165

1. Entity Name

FIVE C'S NURSERY, INC.

Principal Place of Business

Mailing Address

~~7928 SOUTH MILITARY TRAIL~~  
LAKE WORTH FL 33463

7928 SOUTH MILITARY TRAIL  
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

6320 Sweet Maple Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

4. FEI Number

65-0878534

Applied For

Not Applicable

Zip

Country

Zip

Country

33433

USA

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

COHEN, MILDRED MICHAEL

7928 SOUTH MILITARY TRAIL  
LAKE WORTH FL 33463

6320 Sweet Maple Lane  
Boca Raton, FL  
33433

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, 2001 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 P ☐ Delete  
NAME COHEN, MIKE  
STREET ADDRESS 7928 S. NULIHAR TRAIL  
CITY-ST-ZIP LAKE WORTH FL 33463

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

TITLE VP ☐ Delete  
NAME COHEN, NORMAN  
STREET ADDRESS 19513 RINALDI ST.  
CITY-ST-ZIP NORTH RIDGE CA

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

TITLE S ☐ Delete  
NAME COHEN, EMMA  
STREET ADDRESS 19513 RINALDI ST.  
CITY-ST-ZIP NORTH RIDGE CA

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

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:

Michael Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001 561-470-3568

Date

Daytime Phone #

CR2E034 (10/00)

0013932