

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90446 038 ***150.00

DOCUMENT **P98 0000 94165**

1. Entity Name

FIVE C's Nursery INC
6320 Sweet Maple Lane
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6320 Sweet Maple Lane

Suite, Apt. #, etc.

3. Mailing Address

6320 Sweet Maple Lane

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33433

Country

USA

City & State

BOCA RATON FL

Zip

33433

Country

USA

4. FEI Number

65-0878534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MICHAEL COHEN

Street Address (P.O. Box Number is Not Acceptable)

6320 Sweet Maple Lane

City

BOCA RATON

FL

Zip Code

33433

**DO NOT WRITE
IN THIS SPACE**

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 **MICHAEL COHEN**

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

(NOTE: Registered Agent signature required when reinstating)

3/25/2002

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so ☒
(See criteria on back)

January 1 - May 1. Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MICHAEL COHEN
6320 Sweet Maple Lane
BOCA RATON, FL 33433
President / Treasurer

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V.P.
RONNIE COHEN
6320 Sweet Maple Lane
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Secretary
EMMA COHEN
19831 -
NORTHridge CA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Cohen / Michael Cohen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2002

DATE

561482-6332

DAYTIME PHONE #

CR2E034B (12/01)