2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State
07-22-2002 90164 010 ***150.00

DOCUMENT # P99000018315

1. Entity Name
KENNETH E. COHEN, P.A.

Principal Place of Business	Mailing Address
2739 HOLLYWOOD BLVD HOLLYWOOD FL 33020	2739 HOLLYWOOD BLVD HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 101
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0895814 ☐ 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
COHEN, KENNETH E 2739 HOLLYWOOD BLVD HOLLYWOOD FL 33020	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

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 $550.00
After September 13, 2002 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PDT COHEN, KENNETH E 2739 HOLLYWOOD BLVD HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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: KENNETH E COHEN 7/16/02 954-924-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
B0130941

HOLMAN & COHEN

Attorneys at Law

A PARTNERSHIP CONSISTING OF PROFESSIONAL ASSOCIATIONS

KENNETH E. COHEN, ESQ.
JEFFREY E. HOLMAN, ESQ.

2739 HOLLYWOOD BOULEVARD
HOLLYWOOD, FLORIDA 33020
BROWARD: (954) 924-0200
MIAMI-DADE: (305) 663-9805
FAX: (954) 924-0148

July 16, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Document No.: P99000018315
Kenneth E. Cohen, P.A.

Dear Madam/Sir:

Enclosed is a check made payable to Department of State in the amount of $150.00, which is the cost to file the 2002 Uniform Business Report (UBR).

Please reinstate this account immediately due to the non-receipt of any previous mailings.

Should you have any questions regarding this correspondence, please contact the undersigned.

Very truly yours,

Kenneth E. Cohen

KEC/nff
encls.