

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029220

1. Entity Name

ALAN COHEN WALLCOVERINGS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90013 007 ***150.00

Principal Place of Business 6430 NE 18TH AVENUE APT 7 FORT LAUDERDALE FL 33334	Mailing Address 6430 NE 18TH AVENUE APT 7 FORT LAUDERDALE FL 33069-3798
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 605 OAKS Drive #1003 Suite, Apt. #, etc. APT 1003	3. Mailing Address 605 OAKS Drive Suite, Apt. #, etc. #1003
City & State Pompano Bch Fla	City & State Pompano Bch Fla.

4. FEI Number 65-0906909	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Zip 33069	Country Broward	Zip 33069	Country Broward
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6. Name and Address of Current Registered Agent

COHEN, ALAN
 6430 NE 18TH AVENUE APT 7
 FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name: Alan Cohen
 Street Address (P.O. Box Number is Not Acceptable): 605 OAKS Drive #1003
 Pompano Bch Fla 33069
 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: Pres. DATE: 4-11-00

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

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, 2000 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		
TITLE D	COHEN, ALAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6430 NE 18TH AVENUE APT 7	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Alan	
STREET ADDRESS	605 OAKS Drive #1003	
CITY-ST-ZIP	Pompano Bch Fla. 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Alan Cohen Pres. DATE: 4-11-00 (954)974 4499

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

CR2E034 (9/99)