

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-16-2001 90369 004 ***150.00

DOCUMENT # P99000037328

1. Entity Name
83RD TERR. CORP.

Principal Place of Business

**4500 POST AVE
 MIAMI FL 33140**

Mailing Address

**4500 POST AVE
 MIAMI FL 33140**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
65-0991292

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RAPOPORT, ALLEN J
 999 PONCE DE LEON BLVD, SUITE 1110
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **RICHARD COHEN**
 Street Address (P.O. Box Number is Not Acceptable)

4500 POST AVE

City **MIAMI, BEACH**

FL

Zip Code **33140**

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

TITLE **D** ☐ Delete
 NAME **COHEN, RICHARD I**
 STREET ADDRESS **999 PONCE DE LEON BLVD, SUITE 1110**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
 NAME **RICHARD J. COHEN**
 STREET ADDRESS **4500 POST AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE ☐ Change ☐ Addition
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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:

RICHARD J. COHEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

Daytime Phone #

CR2E034 (10/00)