

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039909

1. Entity Name

CLARENCE COHEN, P.A.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90242 009 ***150.00

Principal Place of Business

5610 SW 8 COURT
PLANTATION FL 33317

Mailing Address

5610 SW 8 COURT
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

2291 N.W. 129 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PEMBROKE PINES, FL.

Zip

Country

Zip

Country

33028

U.S.A.

4. FEI Number 65-0924519

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, CLARENCE
5610 SW 8 COURT
PLANTATION FL 33317

Name

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

2291 N.W. 129 TERR.

City

PEMBROKE PINES,

FL

Zip Code

33028

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

Clarence Cohen

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COHEN, CLARENCE
5610 SW 8 COURT
PLANTATION FL 33317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2291 N.W. 129 TERR.
PEMBROKE PINES, FL. 33028 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Clarence Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01
Date

954-433-2140
Daytime Phone #

CR2E034 (10/00)