

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90078 004 ***150.00

DOCUMENT # P99000089409

1. Entity Name

COHENIZER, INC.

Principal Place of Business

5728 MAJOR BLVD., STE. 650
 ORLANDO FL 32819

Mailing Address

5728 MAJOR BLVD., STE. 650
 ORLANDO FL 32819

2. Principal Place of Business

10225 Birch Tree Lane

Suite, Apt. #, etc.

3. Mailing Address

10225 Birch Tree Ln.

Suite, Apt. #, etc.

City & State

Windermere, Florida

Zip

34786

Country

Orange

City & State

Windermere, Florida

Zip

34786

Country

Orange

4. FEI Number

59-3614045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WHITE, ROBERT C-JR.
 C/O KIRKPATRICK & LOCKHART LLP
 20TH FLOOR, 201 S. BISCAYNE BLVD.
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Steven Cohen

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

10225 Birch Tree Lane

City

Windermere

FL

Zip Code

34786

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

4/23/01

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PTS
 COHEN, STEVEN
 10225 BIRCH TREE LANE
 WINDERMERE FL 34786

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P/T
 COHEN, STEVEN
 10225 BIRCH TREE LANE
 WINDERMERE, FL. 34786

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S
 COHEN, KRISTIE
 10225 BIRCH TREE LN.
 WINDERMERE, FL. 34786

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

407-545-1716

Daytime Phone #

CR2E034 (10/00)