## **FILED** Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90037 025 \*\*\*150.00

## **2002 UNIFORM BUSINESS REPORT (UBR)**

S78069

**DOCUMENT #** 1. Entity Name

KAY & COHEN CO, INC.

Principal Place of Business 265 S FEDERAL HWY. SUITE 171 DEERFIELD BEACH FL 33441		Mailing Address 265 S FEDERAL HWY. SUITE 171 DEERFIELD BEACH FL 33	441			81611 <b>3</b> 1611 <b>8</b> 1811	<b>410</b> 14 <b>4</b> 1014 ( <b>110</b> 1	
2. Principal Place of Business		3. Mailing Address				I I I I I I I I I I I I I I I I I I I		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & State		City & State	<del></del>	4. FEI Number	65-0281547	<del></del>	Applied For Not Applicable	
. Zip	Country	Zip	_ Country	5. Certificate of	Status Desired	\$8.75 Ad	ditional -	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Registered			
			Name		-			
KAVATHA			Street Addres	ss (P.O. Box Number is	s Not Acceptable)			
	L PALM WAY			•				
BOCA RA	TON FL 33432							
			City		FL	Zip Coo	le	
. R <sup>≱</sup> /The above	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent or both i		<u> </u>		
	Transcription of the order of t	or the purpose of the igning he	rogistored office of regio	stored agent, or both, i	it the state of Horida.			
SIGNATURE								
ė,	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	:: Registered Agent signature requ	aired when reinstating)	DATE			
\$IGNATURE  9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!	!! FEE IS \$150.00	10 Flection		¢5 (	20.44	
• SIGNATURE  9. This corporate Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After May 1, 200	!! FEE IS \$150.00 02 Fee will be \$550.00	10. Electio	on Campaign Financing	\$5.0 Adde	00 May Be	
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13. I hereby certify that the information supplied with this filling 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 Grapter 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: Y