

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90148 014 ***150.00

1190779 AV

DOCUMENT # V07761

1. Entity Name
MARK D. COHEN, P.A.



Principal Place of Business
**4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021
US**

Mailing Address
**4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021
US**



2. Principal Place of Business
**4000 Hollywood Blvd
Suite, Apt. #, etc.
435 South**

3. Mailing Address
**4000 Hollywood Blvd
Suite, Apt. #, etc.
435 South**

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33021

Country
USA

Zip
33021

Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**COHEN, MARK D
4000 HOLLYWOOD BLD
SUITE 485 SOUTH
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
Name
COHEN, MARK D.
Street Address (P.O. Box Number is Not Acceptable)
**4000 Hollywood Blvd.
Ste. 435 South**
City
Hollywood FL Zip Code
33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **4/1/03**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, MARK D.	
STREET ADDRESS	4000 HOLLYWOOD BLVD., SUITE 485 SO.	
CITY-ST-ZIP	HOLLYWOOD FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MARK D.	
STREET ADDRESS	4000 Hollywood Blvd. Ste. 435 So.	
CITY-ST-ZIP	Hollywood, FL 33021	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not justify 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **4/1/03 (931) 962-1166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)