


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90034 028 ***150.00

DOCUMENT # V20103	
1. Entity Name UNITED FAMILY INVESTMENTS, INC.	

Principal Place of Business 11027 N.W. 7TH ST CORAL SPRINGS, FL 33071-5108 US	Mailing Address 11027 N.W. 7TH ST CORAL SPRINGS, FL 33071 US
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44044323

2. Principal Place of Business 10401 NW 6 CT Suite, Apt. #, etc.	3. Mailing Address 10401 NW 6 CT Suite, Apt. #, etc.
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03242004 Chg-P CR2E034 (10/03)

City & State Coral Springs FL	City & State Coral Springs FL
Zip 33071	Country U.S.A
Zip 33071	Country U.S.A

4. FEI Number 65-0318813	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COHEN, DAVID GIDON 11241 WEST ATLANTIC BOULEVARD CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent	
Name GIDON DAVID COHEN	
Street Address (P.O. Box Number is Not Acceptable) 10401 NW 6 CT	
City Coral Springs FL	Zip Code 33071

8. I, 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: Gidon D Cohen DATE: 3/29/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 - After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, GIDON D 11241 W. ATLANTIC BLVD. CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, GIDON D 10401 NW 6 CT Coral Springs FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MAZEL 230 - 174 STREET APT 1812 MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZEL COHEN 230 - 174 STREET APT 1812 MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gidon D Cohen DATE: 3/29/04 937-7550442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #