

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re ALBERT COHEN,)	Financial Disclosure Appeal No. FD 19-082
)	
Appellant.)	Final Order No.
_____)	

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on March 8, 2024, on the appeal of Appellant, pursuant to Section 112.3145(8)(f), Florida Statutes, which assesses an automatic fine of \$25 per day on a person who fails to timely file a required CE Form 1, Statement of Financial Interests. The Commission may waive the fine in whole or in part for good cause shown, based on "unusual circumstances" surrounding the failure to file by the designated date. There are no matters in dispute. Appellant did not request a hearing before the Commission.

Findings of Fact

1. According to information provided to the Commission, Appellant served as a member of the Governing Board of the Lincoln Road Business Improvement District, a position requiring the filing of a 2018 CE Form 1, Statement of Financial Interests, for the year 2018. In 2019, the designated due date for submitting a 2018 CE Form 1 annual filing was July 1, 2019, with a grace period ending on September 3, 2019.

2. On May 31, 2019, the Miami-Dade County Supervisor of Elections sent Appellant a 2018 CE Form 1.

3. On July 31, 2019, the Miami-Dade County Supervisor of Elections sent Appellant a Notice of Delinquency by certified mail, which was delivered on August 5, 2019. This Notice was sent to Appellant at 500 5th Avenue, Floor 39, New York, NY 10110.

4. On August 19, 2019, the Commission mailed Appellant a postcard intended to remind him of his obligation to file a 2018 CE Form 1. The Commission mailed the postcard to the 5th Avenue address.

5. On September 6, 2019, the Commission sent Appellant a courtesy notice that fines were beginning to accrue, as his 2018 CE Form 1 had not been received. The notice was sent to the 5th Avenue address.

6. On December 26, 2019, Appellant submitted his 2018 CE Form 1 to the Commission on Ethics, one hundred fourteen days after the expiration of the grace period. The address listed on the Form 1 was 1035 Ocean Parkway, Brooklyn, NY 11230.

7. The Commission sent Appellant a Notice of Assessment of his Automatic Fine on July 19, 2021. The notice was sent by mail to the Ocean Parkway address. It indicated the total of Appellant's accrued automatic fine of \$1,500.

8. On September 20, 2021, the Commission sent Appellant a Second Notice of Assessment of his Automatic Fine to his Ocean Parkway address. This notice was sent to his Ocean Parkway address. It also indicated the total of Appellant's accrued automatic fine.

9. On December 9, 2021, the Commission sent Appellant a Collection Order Notice. This notice was sent to his Ocean Parkway address.

10. On January 10, 2022, Appellant submitted his appeal of automatic fine for Form Year 2018 with the Commission. In part A of his appeal form, Appellant listed 1035 Ocean Parkway, Brooklyn, NY 11230 as his mailing address. In part B of his appeal form, Appellant

checked "Lack of Notification – Failure to receive notice" as the general reason for his appeal. In part C of his appeal form, where an appellant is asked to provide detailed explanation of his or her appeal, Appellant wrote that he was not in his office for an extended period of time, the person who normally receives the financial disclosure notices was no longer working for his company, and that his company's address has now been updated.

Conclusions of Law

10. The Commission has jurisdiction over the subject matter of this proceeding pursuant to Section 112.3145, Florida Statutes.

11. Financial disclosure is required of public officials and employees because it enables the public to evaluate potential conflicts of interest, deters corruption, and increases public confidence in government.

12. Section 112.3145(8)(f)2., Florida Statutes, states:

Any reporting person may appeal or dispute a fine, based upon unusual circumstances surrounding the failure to file on the designated due date, and may request and is entitled to a hearing before the commission, which may waive the fine in whole or in part for good cause shown. Any such request must be in writing and received by the commission within 30 days after the notice of payment due is transmitted. In such a case, the reporting person must, within the 30-day period, notify the person designated to review the timeliness of reports in writing of his or her intention to bring the matter before the commission. For purposes of this subparagraph, the term "unusual circumstances" does not include the failure to monitor an e-mail account or failure to receive notice if the person has not notified the commission of a change in his or her e-mail address.

11. Here, Appellant claims he did not receive timely notice of his filing obligation, because he was out of the office and the person who normally received such correspondence had left the company. There is no evidence to dispute Appellant's claim that he failed to receive timely notice. Considering Appellant's claim of lack of notice, and that there is no evidence showing

otherwise, his appeal is accepted as timely and there are "unusual circumstances" here that justify waiving the \$1,500 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby finds that unusual circumstances for failure to file have been demonstrated. We therefore waive the assessed fine of \$1,500.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, March 8, 2024.

Date Rendered

Ashley Lukis
Chair, Florida Commission on Ethics

THIS ORDER CONSTITUTES FINAL AGENCY ACTION. ANY PARTY WHO IS ADVERSELY AFFECTED BY THIS ORDER HAS THE RIGHT TO SEEK JUDICIAL REVIEW UNDER SECTION 120.68, AND SECTION 112.3241, FLORIDA STATUTES, BY FILING A NOTICE OF ADMINISTRATIVE APPEAL PURSUANT TO RULE 9.110 FLORIDA RULES OF APPELLATE PROCEDURE, WITH THE CLERK OF THE COMMISSION ON ETHICS, AT EITHER 325 JOHN KNOX ROAD, BUILDING E, SUITE 200, TALLAHASSEE, FLORIDA 32303 OR P.O. DRAWER 15709, TALLAHASSEE, FLORIDA 32317-5709; AND BY FILING A COPY OF THE NOTICE OF APPEAL ATTACHED TO WHICH IS A CONFORMED COPY OF THE ORDER DESIGNATED IN THE NOTICE OF APPEAL ACCOMPANIED BY THE APPLICABLE FILING FEES WITH THE APPROPRIATE DISTRICT COURT OF APPEAL. THE NOTICE OF ADMINISTRATIVE APPEAL MUST BE FILED WITHIN 30 DAYS OF THE DATE THIS ORDER IS RENDERED.

AL: jcb

Mr. Albert Cohen
1035 Ocean Parkway
Brooklyn, NY 11230

19-082 271903

FLORIDA
COMMISSION ON ETHICS

JAN 10 2022

RECEIVED

STATE OF FLORIDA COMMISSION ON ETHICS

325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303
Telephone: (850) 488-7864
Fax: (850) 488-3077
Email: disclosure@leg.state.fl.us



APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2018

DIRECTIONS: The information you provide in this form is critical for processing your appeal in a timely manner.

In Part A, please provide current contact information. If your contact information changes while your appeal is being processed, please notify us.

In Part B, please check any boxes that specify the general reason(s) for your appeal.

In Part C, please explain in detail the reason(s) for your appeal. In addition to your written explanation in Part C, you may attach any documents that support your appeal.

IMPORTANT: TO PRESERVE YOUR RIGHT TO APPEAL, THIS FORM OR OTHER WRITTEN APPEAL (AND ANY ATTACHMENTS) MUST BE FILED WITH (RECEIVED BY) THE COMMISSION ON ETHICS WITHIN THIRTY (30) DAYS OF THE DATE THE NOTICE OF ASSESSMENT OF AUTOMATIC FINE WAS MAILED TO YOU.

PLEASE SEND YOUR COMPLETED FORM TO ONE OF THE FOLLOWING:

Mailing Address: Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317-5709

Physical Address: Commission on Ethics
325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303

Fax: (850) 488-3077

Email: disclosure@leg.state.fl.us

PART A: YOUR INFORMATION

Name: Albert Cohen

Address: 1035 Ocean Parkway City: Brooklyn State: NY Zip: 11230

Daytime Tel.: _____ Cell: (917) 407-7091

Email: acohen@centurionre.com Filer ID# (if known): 271903

Public Employer: _____

Public Position: _____

CONTINUED ON REVERSE SIDE

PART B: GENERAL REASON(S) FOR YOUR APPEAL

Please choose any/all reasons that apply to your appeal.

I hereby appeal the Notice of Assessment of Automatic Fine on the following basis:

- a. **Sickness or injury** (Explain in Part C and attach a statement from attending physician, including dates and nature of illness or injury)
- b. **Lack of notification – Failure to receive notice** (Explain in Part C and provide documentation that supports your assertion that you never received certified mail delinquency notice: for example, incorrect address; misdelivered mail; change in employment; extended absence from home, etc.)
- c. **Claim of timely filing of financial disclosure** (Explain in Part C and provide copy of certified mail receipt and/or copy of completed form which had been previously filed, along with a sworn notarized statement that you filed prior to the deadline)
- d. **Left public position prior to December 31, 2018** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2018)
- e. **Other unusual circumstance** (Explain in Part C and provide documentation explaining uncommon, rare, or sudden occurrence that prevented timely filing prior to deadline)
- f. **Not required to file** (Explain in Part C and provide documentation that supports reason for not required to file)

PART C: DETAILED EXPLANATION OF YOUR APPEAL

Please provide a detailed explanation of your appeal, including why each option you selected in Part B is applicable to you. You may use the space provided and/or attach additional pages.

I was not in my office for an extended period and was not aware of any of the mailings until recently when i returned. The person who receive these notices at the office address was no longer working in the company. The address for my office was recently updated so i can now receive these forms timely. thank you.


OPTIONAL REQUEST FOR HEARING

In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(8)(f)3 or Section 112.3145(8)(g)3, Florida Statutes. Commission meetings occur in Tallahassee.

SIGNATURE

I have received and read the Notice of Assessment of Automatic Fine and its instructions on How to Appeal and I understand my options. I am requesting disposition of this matter as indicated.

1/10/2022
DATE


SIGNATURE

JoAnne Leznoff
Chair
John Grant
Vice Chair
Michelle Anchors
Antonio Carvajal
Travis Cummings
Don Gaetz
Glenton "Glen" Gilzean, Jr.
William "Willie" N. Meggs
Jim Waldman



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, Florida 32317-5709

325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303

"A Public Office is a Public Trust"

Kerrie J. Stillman
Executive Director

Caroline M. Klancke
*Deputy Executive Director/
General Counsel*

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

**NOTIFICATION OF ISSUANCE OF
DEFAULT FINAL ORDER**

TO: Albert Cohen 271903
Lincoln Road Business Improvement District
Governing Board
FROM: Kimberly R. Holmes, Program Administrator
DATE: December 9, 2021

A handwritten signature in black ink, appearing to read "Kimberly R. Holmes".

Enclosed is an Order issued by the Commission on Ethics at its meeting on December 3, 2021.

If you do not pay the assessed fine by January 10, 2022 (30 days from the date of this letter) or contact our office to make arrangements to pay the fine in installments, the Commission will refer your fine to the Florida Department of Financial Services (DFS) and their contract collection agency—Transworld Systems Inc.—will undertake collecting the fine.

This referral will increase the amount you owe by adding a service fee of 13% of the fine to the balance due, and may affect your credit rating.

If you pay your fine now, you can do so online by credit card. See the enclosed flyer or call us for more information. **Once your fine has been submitted to Collections you will no longer be able to take advantage of our online payment system.**

Failure to pay, or make arrangements to pay, the fine by the above date will also result in a copy of the enclosed Order being provided to your agency head, appointing authority, and presiding officer, as well as to the Florida Bar, if you are an attorney.

If you have any questions, please do not hesitate to contact our office.

Enclosures

**BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS**

In re Albert Cohen,

)
)
)
)

2018 CE Form 1

DEFAULT FINAL ORDER

This matter comes before the Commission on Ethics for the failure of Albert Cohen to pay the assessed fine. Pursuant to Section 112.3145(8)(g), Florida Statutes, the Florida Commission on Ethics is charged with assessing automatic fines of \$25 per day up to a maximum of \$1500 for persons who are required to file financial disclosure but who either file late, or not at all.

FINDINGS OF FACT

1. Albert Cohen, Lincoln Road Business Improvement District, Governing Board, was on the list of persons required to file a Statement of Financial Interests for the year 2018.
2. Pursuant to Section 112.3145(8)(g), Florida Statutes, Albert Cohen was mailed a copy of the 2018 CE Form 1 no later than June 1, 2019, and was mailed a delinquency notice by certified mail no later than July 31, 2019. Additional attempts to contact Albert Cohen were also made by Commission staff.
3. However, Albert Cohen did not file a 2018 CE Form 1 by the designated due date. Albert Cohen was sent a notice of payment due advising of the statutory rights to appeal or dispute the automatic fine in a hearing before the Commission if such appeal was received within 30 days of the notice of payment due. No timely appeal was received from Albert Cohen.

4. More than 60 days have elapsed since the notice of payment due was transmitted without Albert Cohen paying the fine.

5. On its own motion, the Commission voted to affirm that a fine in the amount of \$1500 has accrued in this matter.

CONCLUSIONS OF LAW

6. The Commission has jurisdiction over the parties to and subject matter of this case, pursuant to Section 112.3145, Florida Statutes.

7. Albert Cohen's failure to timely appeal the assessed fine constitutes a waiver of the entitlement to an appeal, pursuant to Rule 34-8.215(2), Florida Administrative Code.

ORDER


8. Pursuant to Section 112.3145(8) and 112.31455, Florida Statutes, the Commission on Ethics shall attempt to determine whether Albert Cohen is currently a public officer or public employee receiving salary or wages from a governmental entity. If so, the matter will be referred to either the Chief Financial Officer for the State of Florida or the governing body for Lincoln Road Business Improvement District, as appropriate, for withholding of salary until the debt is satisfied.

9. If Albert Cohen is no longer a public officer or employee, or if the Commission cannot determine filer's status, the matter will be referred to the Florida Department of Financial Services for collection or wage garnishment.

WHEREFORE, the automatic fine that Albert Cohen accrued in the amount of \$1500 is affirmed. The fine shall be paid to the Florida Commission on Ethics within 30 days of the date this Default Final Order is entered. After that date, nonpayment will result in collection as provided for in Section 112.3145(8) and 112.31455, Florida Statutes.

ORDERED by the State of Florida Commission on Ethics meeting in public session on
December 3, 2021.

December 8, 2021
Date Rendered


JOANNE LEZNOFF
CHAIR
FLORIDA COMMISSION ON ETHICS

THIS ORDER CONSTITUTES FINAL AGENCY ACTION. ANY PARTY WHO IS ADVERSELY AFFECTED BY THIS ORDER HAS THE RIGHT TO SEEK JUDICIAL REVIEW UNDER SECTIONS 112.3241 AND 120.68, FLORIDA STATUTES, BY FILING A NOTICE OF ADMINISTRATIVE APPEAL PURSUANT TO RULE 9.110, FLORIDA RULES OF APPELLATE PROCEDURE, WITH THE CLERK OF THE COMMISSION ON ETHICS, BY U.S. MAIL AT P.O. DRAWER 15709, TALLAHASSEE, FLORIDA 32317-5709 (OR BY DELIVERY TO 325 JOHN KNOX ROAD, BUILDING E, SUITE 200, TALLAHASSEE, FLORIDA 32303); AND BY FILING A COPY OF THE NOTICE OF APPEAL ACCOMPANIED BY THE APPLICABLE FILING FEES WITH THE APPROPRIATE DISTRICT COURT OF APPEAL. THE NOTICE OF ADMINISTRATIVE APPEAL MUST BE FILED WITHIN 30 DAYS OF THE DATE THIS ORDER IS RENDERED.

Copy Furnished to:

Albert Cohen
1035 Ocean PKWY
Brooklyn NY 11230

JL/kh

cc: Michael Llorente

JoAnne Leznoff
Chair
John Grant
Vice Chair
Michelle Anchors
Antonio Carvajal
Travis Cummings
Don Gaetz
Glenton "Glen" Gilzean, Jr.
William "Willie" N. Meggs
Jim Waldman



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, Florida 32317-5709

325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303

Kerrie J. Stillman
Executive Director

Caroline M. Klancke
*Deputy Executive Director/
General Counsel*

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

"A Public Office is a Public Trust"

**FINAL NOTICE OF ASSESSMENT OF AUTOMATIC FINE FOR FAILURE TO
TIMELY FILE FORM 1, STATEMENT OF FINANCIAL INTERESTS**

TO: Albert Cohen **271903**
Lincoln Road Business Improvement District
Governing Board
FROM: Kimberly R. Holmes, Program Administrator
DATE: September 20, 2021

On July 19, 2021, we notified you that your Form 1, Statement of Financial Interests, for the year 2018 was not filed and that you therefore have been assessed the maximum fine, for a total fine of \$1500. At that time, you were advised that you had 30 days from the date that letter was transmitted in which to either pay the fine or to appeal the fine to the Commission on Ethics.

It has been more than 30 days since we sent you that letter, and you have neither paid the fine nor filed an appeal. By not responding, you have waived your right to appeal the assessed fine.

If you do not pay the assessed fine by October 21, 2021 (30 days from the date of this letter) or contact our office to make arrangements for payment of the fine, the Commission on Ethics will enter an order setting your fine at \$1500 and will utilize all methods allowed by law to collect this fine including referral to a collection agency which can seek to garnish your wages.

Certificate of Mailing:

I certify that a copy of the foregoing Final Notice of Assessment of Automatic Fine was furnished to:

Albert Cohen **271903**
1035 Ocean PKWY
Brooklyn NY 11230

By United States Mail on this Monday, September 20, 2021.

A handwritten signature in black ink, appearing to read "Kimberly R. Holmes".

Kimberly R. Holmes
Program Administrator

**BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS**

In re **Albert Cohen**
 Governing Board
 Lincoln Road Business Improvement District

PID#: 271903

NOTICE OF ASSESSMENT OF AUTOMATIC FINE

The Commission on Ethics hereby gives notice of an assessment of a fine against you pursuant to Section 112.3145(8)(g), Florida Statutes, due to your failure to timely file your 2018 CE Form 1, Statement Of Financial Interests. Under the law, your 2018 CE Form 1, Statement of Financial Interests, was due by July 1, 2019. The law provided for a penalty-free grace period extending the due date to September 3, 2019. After that date, you accrued fines of \$25.00 per day for each day your financial disclosure was late, pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2018 CE Form 1 was filed December 26, 2019 with the Supervisor of Elections for Miami-Dade County, you are fined the amount of \$1500.00 (\$25.00 per day for 114 day(s) late). This fine must be paid to the Commission on Ethics within 30 days of the date of this notice unless you appeal the fine to the Commission. The Commission has the authority to consider the appeal and waive the fine in whole or in part if your failure to file on time was due to "unusual circumstances" surrounding the failure to file. Unless the fine is successfully appealed, the Commission is required to investigate public officers and employees who receive the maximum \$1,500 fine, to determine whether their failure to file was willful. The penalty for willfully failing to file disclosure is removal from public office or employment.

HOW TO APPEAL

1. Read these instructions carefully before submitting your appeal.
2. **LEGAL AUTHORITY:** Appeals are governed by Section 112.3145(8)(g)3., Florida Statutes, and Commission Rule 34-8.215, Florida Administrative Code.
3. **FORMAT:** Your appeal must be in writing and mailed to Florida Commission on Ethics, P. O. Drawer 15709, Tallahassee, FL 32317-5709, or delivered to Florida Commission on Ethics, 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303. The appeal may take the form of a letter or you may use the appeal form included in this mailing. The appeal form also is available at the Commission's website: www.ethics.state.fl.us. Click on "Financial Disclosure" and then the link to the sample appeal form.
4. **DUE DATE:** Your appeal must be received by the Commission on Ethics on or before **August 18, 2021**. **NOTE:** Failure to timely file an appeal will constitute a waiver of your right to appeal and will result in the entry of a default order against you.
5. **UNUSUAL CIRCUMSTANCES:** An appeal must demonstrate that you submitted your CE Form 1 after the extended due date because of "unusual circumstances." "Unusual circumstances" is defined in Commission Rule 34-8.215(4), Florida Administrative Code, as "uncommon, rare, or sudden events over which the reporting individual had no control and which directly result in the failure to act in accordance with the filing requirements." Therefore, circumstances that allowed for time to take steps necessary to file on time do not constitute "unusual circumstances" that will allow the Commission to waive the fine. You have the burden to establish "unusual circumstances." Your appeal must specifically state the circumstances that led to your not filing by September 3, 2019, and must include any documentation or evidence supporting your appeal, such as:
 - a. **SICKNESS/INJURY:** a statement from attending physician, including dates and nature of the illness or injury;
 - b. **LACK OF NOTICE (WRONG ADDRESS):** documentation that you did not reside at the address to which notice was sent;

- c. **LACK OF NOTICE (ABSENCE FROM HOME):** documentation establishing the period of time of your absence covering the notification period;
 - d. **CLAIM OF TIMELY FILING OF FINANCIAL DISCLOSURE:** (1) an affidavit from you attesting under oath or affirmation that you filed your financial disclosure and your recollection of when and how you filed and (2) a copy of a certified mail receipt and/or a copy of the completed form which was filed. If you have witnesses to your filing, we also will need an affidavit from each witness. NOTE: A claim of having filed the CE Form 1F for the current year does not satisfy the CE Form 1 filing requirement or excuse a late filing;
 - e. **LEFT PUBLIC POSITION BEFORE DECEMBER 31, 2018:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2018; or
 - f. **UNCLAIMED CERTIFIED MAIL:** if delinquency notice was addressed correctly but not received, you must explain why.
6. **YOUR RIGHT TO A HEARING:** You have the right to have your appeal heard by the Commission and to appear before the Commission at the hearing, but, to exercise this right, you must specifically request a hearing in your appeal. If you do not request a hearing, you will waive your right to a hearing, the Commission will determine the outcome of your appeal based upon the written record (including the documentation you provide and any documentation in your case file), and you will receive no further notice until after the Commission decides your appeal.

FAILURE TO PAY FINE OR FILE APPEAL WITHIN 30 DAYS

If you do not timely file an appeal or pay the assessed fine within 30 days of this Notice, a default order will be entered against you and the Commission will take the steps provided by law to collect the fine, including:

- Referral to the CFO of the Department of Financial Services, if you are a salaried state officer or employee, for withholding of a portion of your salary until the fine is satisfied; or
- Referral to your agency's governing body for withholding of a portion of your salary until the fine is satisfied;
- Referral to a collection agency, which can seek garnishment of your wages; and/or
- An additional civil penalty, not limited by this automatic fine, may be imposed if your disclosure statement is filed more than 60 days late and a complaint is filed against you pursuant to Section 112.324, Florida Statutes.

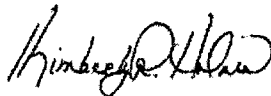
Please contact our office if you have any questions about this matter.

CERTIFICATE OF MAILING

I certify that a copy of the foregoing Notice of Assessment of Automatic Fine was furnished to:

**Albert Cohen
1035 Ocean PKWY
Brooklyn, NY 11230**

by Certified Mail on this Monday, July 19, 2021.



KIMBERLY R. HOLMES
Program Administrator

Florida Commission on Ethics
P. O. Drawer 15709
Tallahassee, FL 32317-5709

-or-

Florida Commission on Ethics
325 John Knox Road, Building E, Ste. 200
Tallahassee, FL 32303

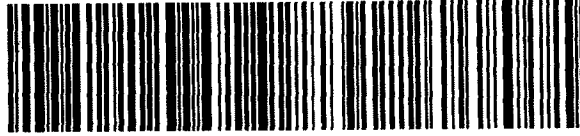
Tel.: (850) 488-7864

Fax: (850) 488-3077

Email: disclosure@leg.state.fl.us



STATE OF FLORIDA
COMMISSION ON ETHICS
PO DRAWER 15709
TALLAHASSEE, FL 32317-5709



9214 8901 0661 5400 0164 7109 88

RETURN RECEIPT (ELECTRONIC)

271903

ALBERT COHEN
1035 OCEAN PKWY
BROOKLYN, NY 11230-4006

26

URGENT - Open
Immediately!

CUT - FOLD HERE

Zone 5

8"x8" ENVELOPE
CUT - FOLD HERE

CUT - FOLD HERE

Mail Piece Details**Recipient Address**

ALBERT COHEN
1035 OCEAN PKWY
BROOKLYN, NY 11230-4006

Record / Case Number:
271903

Return Address

STATE OF FLORIDA
COMMISSION ON ETHICS
PO DRAWER 15709
TALLAHASSEE, FL 32317-5709

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000164710988

Date Created: 07/19/2021 01:57:30 PM

Mail Class: USPS First Class Mail

Special Services: Certified Mail
Return Receipt Electronic

Memo: --

Created By: Kimberly Holmes - Commission on Ethics

Signature Information

Signed For By: ALBERT COHEN
Signature Status: Available (Click Here)

*Having issues viewing the signature file?
Make sure you are using the latest version of Adobe Acrobat Reader*

Tracking Information

Mailed, July 19, 2021, 01:57:30 PM, TALLAHASSEE,FL 32317
Pre-Shipment Info Sent To Usps, Usps Awaiting Item, July 19, 2021, 12:00:00 AM
Pre-Shipment Info Sent Usps Awaits Item, July 19, 2021, 01:17:00 PM, TALLAHASSEE,FL 32317
Accepted At Usps Origin Facility, July 19, 2021, 07:30:00 PM, TALLAHASSEE,FL 32317
Origin Acceptance, July 19, 2021, 07:30:00 PM, TALLAHASSEE,FL 32317
Arrived At Usps Regional Origin Facility, July 19, 2021, 08:45:00 PM
Processed Through Usps Facility, July 19, 2021, 08:45:00 PM, TALLAHASSEE FL DISTRIBUTION CEN 32301
Departed Usps Regional Facility, July 19, 2021, 11:03:00 PM
Depart Usps Facility, July 19, 2021, 11:03:00 PM, TALLAHASSEE FL DISTRIBUTION CEN 32301
In Transit, Arriving On Time, July 20, 2021, 12:00:00 AM
In Transit, Arriving On Time, July 21, 2021, 12:00:00 AM
Arrived At Usps Regional Facility, July 22, 2021, 07:31:00 AM
Processed Through Usps Facility, July 22, 2021, 07:31:00 AM, SEATTLE WA DISTRIBUTION CENTER 98168
Departed Usps Regional Facility, July 22, 2021, 07:44:00 AM
Depart Usps Facility, July 22, 2021, 07:44:00 AM, SEATTLE WA DISTRIBUTION CENTER 98168
Departed Usps Regional Facility, July 22, 2021, 05:27:00 PM
Processed Through Usps Facility, July 22, 2021, 05:27:00 PM, SEATTLE WA DISTRIBUTION CENTER 98168
In Transit, Arriving Late, July 23, 2021, 12:00:00 AM
In Transit, Arriving Late, July 24, 2021, 12:00:00 AM
Arrived At Usps Regional Destination Facility, July 26, 2021, 09:08:00 AM
Processed Through Usps Facility, July 26, 2021, 09:08:00 AM, BROOKLYN NY DISTRIBUTION CENTER 11256
Departed Usps Regional Destination Facility, July 26, 2021, 05:39:00 PM
Processed Through Usps Facility, July 26, 2021, 05:39:00 PM, BROOKLYN NY DISTRIBUTION CENTER 11256
In Transit, Arriving Late, July 27, 2021, 12:00:00 AM
In Transit, Arriving Late, July 28, 2021, 12:00:00 AM
Delivered To Agent For Final Delivery, July 29, 2021, 10:23:00 AM, BROOKLYN,NY 11230
Delivered To Agent For Final Delivery, July 29, 2021, 10:23:00 AM, BROOKLYN,NY 11230



July 29, 2021

Dear MAIL MAIL:

The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8901 0661 5400 0164 7109 88.

Item Details

Status: Delivered to Agent for Final Delivery
Status Date / Time: July 29, 2021, 10:23 am
Location: BROOKLYN, NY 11230
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
Return Receipt Electronic
Recipient Name: ALBERT COHEN

Recipient Signature

Signature of Recipient: (Authorized Agent)	<i>ALBERT COHEN IN MASSACHUSETTS</i>
Address of Recipient:	<i>1035 OCP</i>

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

The customer reference information shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

Reference ID: 92148901066154000164710988
271903
ALBERT COHEN
1035 Ocean Pkwy
Brooklyn, NY 11230-4006

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2018

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Cohen, Albert

271903

MAILING ADDRESS :

1035 Ocean Pkwy

Processed

CITY :

Brooklyn, NY

ZIP :

11230

COUNTY :

Miami-Dade

12-26-19

NAME OF AGENCY :

Lincoln Road Business Improvement District, Governing Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Lincoln Road BID

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Centurion Realty, LLC	500 5th Ave. - FL 39, NY, NY 10110	Real Estate

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

643-657 Lincoln Road, Miami, FL

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

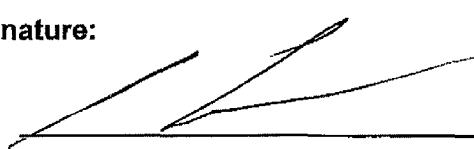
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
N/A		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: 

Date Signed: 12/26/2014

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

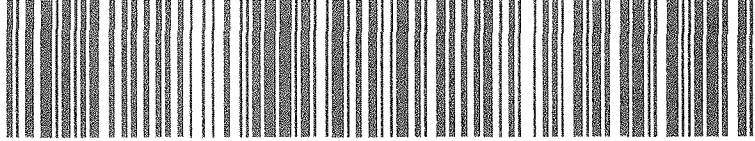
Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.



Elections
Supervisor of Elections Financial Disclosure Section
PO Box 521550
Miami Florida 33152-1550
ADDRESS SERVICE REQUESTED

IMPORTANT:
YOUR ANNUAL DISCLOSURE FORM IS ENCLOSED AND
MUST BE FILED BY SEPT. 3, 2019

USPS CERTIFIED MAIL



9414 8149 0226 6849 4560 79



FD041466

ALBERT COHEN
500 5TH AVE FL 39
NEW YORK, NY 10110

Memorandum



To: Local Officer

From: Christina White
Supervisor of Elections

Subject: Notice of Delinquency - Financial Disclosure Filing Requirement for the 2018 Tax Year

The position you held in 2018 was determined to be one that requires the filing of a financial disclosure form. Our records indicate that you were mailed a financial disclosure notice at the end of May, advising you that per Florida Statute 112.3145, you were required to file a Form 1, Statement of Financial Interests with our office by July , 201 . To date, we have not received the required form from you.

Pursuant to State law, I am writing to notify you that although you are delinquent in filing your financial disclosure form with our office, **a grace period is in effect until Tuesday, September 3, 201 to file your signed and dated Form 1 for the 201 tax year with our office.**

If your Form 1 is not received by September 3, 201 , a fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. In addition, I will be required by law to notify the State of Florida Commission on Ethics of the delinquency. In addition, pursuant to enacted legislation, the Commission on Ethics must initiate investigations of delinquent filers, in certain circumstances. This can result in your removal from public office or employment. See Section 112.3145(8)(c), Florida Statutes.

Please note that persons serving as of December 31, 2018 are required to file this year. If you left the position in 2018, you are required to file a Form 1F 2018 covering the portion of 2018 you served. If you left the position in 201 , you are required to file a Form 1 for 2018 and a Form 1F 201 for the portion of 201 you served. Also, if your home address is exempt from public records, please provide your office address or other mailing address. Instructions for completing this form are included and additional questions on how to complete this form should be directed to the State of Florida Commission on Ethics at 850-488-7864.

The Elections Department is the records custodian for these forms. As such, please send your **completed, signed and dated financial disclosure statement** via email to financial.disclosures@miamidade.gov so long as it is a legible scanned copy, or by returning it to the Miami-Dade County Supervisor of Elections, Financial Disclosure Section, PO Box 521550, Miami, Florida 33152. A business reply envelope has been provided for your convenience. The form may also be hand delivered. **Please do not file this form with the Florida Commission on Ethics in Tallahassee.**

You can check receipt of your financial disclosure form on the Miami-Dade Elections Department website at www.miamidade.gov/elections/disclosure. In the event that you already filed your financial disclosure form with the Miami-Dade County Elections Department, please contact our office immediately so that we may review our records and remove your name from the delinquency list, if applicable.

If you have any questions or need additional information, please contact Carmen Bofill, Miami-Dade Financial Disclosure Coordinator, at 305-499-8413 or via email at financial.disclosures@miamidade.gov.

If you think you have received this in error, please contact the coordinator for your agency who has provided your name based on your official position and responsibilities. If appropriate, the local agency's coordinator will contact the Florida Commission on Ethics to remove your name from the list. To find your coordinator, you can contact Carmen Bofill at the number above or view the coordinator list provided on the Commission on Ethics' website at <http://www.ethics.state.fl.us>.

Enclosures

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

COHEN, ALBERT

MAILING ADDRESS :

500 5TH AVE FL 39

CITY :

ZIP :

COUNTY :

NEW YORK, NY 10110

NAME OF AGENCY :

LINCOLN ROAD BUSINESS IMPROVEMENT DISTRICT, GOVERNING BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE



FD041466

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: _____

Date Signed: _____

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

. . . **IMPORTANT** . . . **IMPORTANT** . . . **IMPORTANT** . . .

Form 1 Filers

FORMS MUST BE FILED OR POSTMARKED BY SEPTEMBER 3

Filing late may result in automatic fines of \$25 per day!

Failure to pay fines may result in salary withholding, wage garnishment, or removal from office or employment!

* * *

Read the Instructions

The Commission does not review forms for accuracy, and a complaint can be filed against you for failing to properly make a required disclosure.

* * *

Manner of Calculating Reportable Interest

You have 2 options – Comparative (Percentage) Threshold or Dollar Value Threshold.

The instructions describe each option in detail.

You must choose one and check the box that reflects your choice.

* * *

Elected Municipal Officers

Elected municipal officers are required to complete 4 hours of ethics training each calendar year.

Compliance with the training requirement must be reported on the Form 1. Elected members of a special district are not municipal officers subject to the training requirement. For more ethics training information, visit the training page of the Commission's website.

* * *

Your Disclosure is a Public Record

Do NOT put social security, bank account, or credit card numbers on your Form 1.

If your home address or other information is exempt from

disclosure under Section 119.071, F.S., and you want us to keep it confidential,

you must submit a written request as required by Section 119.071.



Questions?

Visit our website: www.ethics.state.fl.us

Under the "Financial Disclosure" tab you can find information about your specific filing requirement, coordinator contact information, where to file, and the ability to confirm that your form has been received (please allow five business days from the date you mailed the form). Helpful general information and summaries of the Commission's most significant opinions dealing with financial disclosure can also be found here.

Contact us!

(850) 488-7864 or email: disclosure@leg.state.fl.us

USPS Tracking®

[FAQs >](#)

[Track Another Package +](#)

Tracking Number: 9414814902266849456079

[Remove X](#)

Your item was delivered to an individual at the address at 3:54 pm on August 5, 2019 in NEW YORK, NY 10110.

Delivered

August 5, 2019 at 3:54 pm
Delivered, Left with Individual
NEW YORK, NY 10110

Return Receipt Electronic



Tracking History



August 5, 2019, 3:54 pm

Delivered, Left with Individual
NEW YORK, NY 10110

Your item was delivered to an individual at the address at 3:54 pm on August 5, 2019 in NEW YORK, NY 10110.

August 3, 2019, 10:09 am

Delivery Attempted - No Access to Delivery Location
NEW YORK, NY 10110

August 3, 2019, 9:40 am

Arrived at Unit
NEW YORK, NY 10036

August 3, 2019, 5:14 am

Departed USPS Regional Destination Facility
NEW YORK NY DISTRIBUTION CENTER

August 2, 2019, 12:11 pm

Arrived at USPS Regional Destination Facility
NEW YORK NY DISTRIBUTION CENTER

August 2, 2019

In Transit to Next Facility

July 31, 2019, 7:02 pm

Arrived at USPS Regional Origin Facility
OPA LOCKA FL DISTRIBUTION CENTER

July 31, 2019, 6:02 pm

Accepted at USPS Regional Facility
OPA LOCKA FL DISTRIBUTION CENTER

Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs



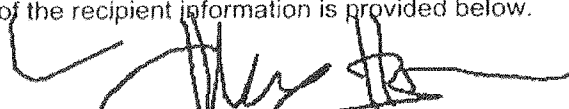
FD 041466

Date Produced: 10/08/2019

MIAMI-DADE COUNTY:

The following is the delivery information for Certified Mail™/RRE item number 9414 8149 0226 6849 4560 79. Our records indicate that this item was delivered on 08/05/2019 at 03:54 p.m. in NEW YORK, NY 10110. The scanned image of the recipient information is provided below.

Signature of Recipient :



June Thomas

Address of Recipient :

**500 5TH AVE NEW
YORK, NY 10110**
Centurion

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local post office or Postal Service representative.

Sincerely,
United States Postal Service



Elections

Supervisor of Elections
Financial Disclosure Section
PO Box 521550
Miami Florida 33152-1550
188-SP-57 5/19

ADDRESS SERVICE REQUESTED

IMPORTANT:
YOUR ANNUAL DISCLOSURE FORM IS
ENCLOSED AND MUST BE FILED BY JULY 1, 2019



ALBERT COHEN
500 5TH AVE FL 39
NEW YORK, NY 10110

Memorandum



To: Local Officer

From: Christina White
Supervisor of Elections

Subject: State Financial Disclosure Filing Requirement for the 2018 Tax Year

The position you held in 2018 was determined to be one that requires the filing of a financial disclosure form. According to Florida Statute 112.3145, the enclosed **Form 1, Statement of Financial Interests (2018,)** must be filed with the Elections Department by **Monday, July 1, 2019** to satisfy your financial disclosure filing requirement for the 2018 tax year.

Persons serving as of December 31, 2018 are required to file this year. If you left the position in 2018, you are required to file a Form 1F covering the portion of 2018 you served. If you left the position in 2019, you are required to file a Form 1 for 2018 and a Form 1F for the portion of 2019 you served. See the Form 1 instructions for more information, and additional forms may be downloaded on the Elections Department website at https://www8.miamidade.gov/global/service.page?Mduid_service=ser1513200320703181.

The Elections Department is the records custodian for these forms. **Please do not file this form with the Florida Commission on Ethics in Tallahassee.** As such, kindly send your **completed and signed** financial disclosure form via email to financial.disclosures@miamidade.gov so long as it is a legible scanned copy, or by returning it to the Miami-Dade County Supervisor of Elections, Financial Disclosure Section, PO Box 521550, Miami, Florida 33152-1550. A business reply envelope has been provided for your convenience.

Please note the following:

- You can check receipt of your financial disclosure form on the Miami-Dade Elections Department website at https://www8.miamidade.gov/global/service.page?Mduid_service=ser1513200320703181.
- Persons who fail to file the annual disclosure form by September 1 are subject to automatic fines of \$25 for each late day. In addition, by law, the Commission on Ethics must initiate investigations of delinquent filers in certain circumstances. This can result in your being removed from your public office or employment. See Section 112.3145(8)(c), Florida Statutes.
- If your home address is exempt from public records, please provide your office or other address.

Instructions for completing this form are included. Additional questions on how to complete this form should be directed to the Florida Commission on Ethics at 800-262-8824. If you have questions regarding the distribution or collection of this form, please contact Carmen Bofill, Miami-Dade Financial Disclosure Coordinator, at 305-499-8413 or via email at financial.disclosures@miamidade.gov.

If you think you have received this notification in error, please contact the coordinator for your agency who has provided your name based on your official position and responsibilities. If appropriate, the local agency's coordinator will contact the Florida Commission on Ethics to remove your name from the list. To find your coordinator, you can contact Ms. Bofill at the number above or view the coordinator list provided on the Commission on Ethics' website at <http://www.ethics.state.fl.us>.

Enclosures

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2018

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

COHEN, ALBERT

MAILING ADDRESS :

500 5TH AVE FL 39

CITY :

NEW YORK, NY

ZIP :

10110

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

LINCOLN ROAD BUSINESS IMPROVEMENT DISTRICT, GOVERNING BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE



FD041466

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING
 For **elected municipal officers** required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: _____

Date Signed: _____

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. It will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

. . . IMPORTANT . . . IMPORTANT . . . IMPORTANT . . .

Form 1 Filers

FORMS ARE DUE JULY 1

Filing late may result in automatic fines of \$25 per day!

Failure to pay fines may result in salary withholding, wage garnishment, or removal from office or employment!

* * *

Read the Instructions

The Commission does not review forms for accuracy, and a complaint can be filed against you for failing to properly make a required disclosure.

* * *

Manner of Calculating Reportable Interest

You have 2 options – Comparative (Percentage) Threshold or Dollar Value Threshold.

The instructions describe each option in detail.

You must choose one and check the box that reflects your choice.

* * *

Elected Municipal Officers

Elected municipal officers are required to complete 4 hours of ethics training each calendar year. Compliance with the training requirement must be reported on the Form 1. Elected members of a special district are not municipal officers subject to the training requirement. For more ethics training information, visit the training page of the Commission's website.

* * *

Your Disclosure is a Public Record

Do NOT put social security, bank account or credit card numbers on your Form 1.

If your home address or other information is exempt from disclosure under Section 119.071, F.S., and you want us to keep it confidential, you must submit a written request as required by Section 119.071.



Questions?

Visit our website: www.ethics.state.fl.us

Under the "Financial Disclosure" tab you can find information about your specific filing requirement, coordinator contact information, where to file, and the ability to confirm that your form has been received (please allow five business days from the date you mailed the form). Helpful general information and summaries of the Commission's most significant opinions dealing with financial disclosure can also be found here.

Contact us!

(850) 488-7864 or email: disclosure@leg.state.fl.us

Miami Dade County Elections Department

Financial Disclosure Details

<u>Tax Year</u>	<u>Name</u>	<u>FD#</u>	<u>ID#</u>	<u>Filing Status</u>
-----------------	-------------	------------	------------	----------------------

2018	COHEN ALBERT	FD041466	271903	Not Filed-Not Filed
------	--------------	----------	--------	---------------------

Mailing Activity

<u>Mail Date</u>	<u>Address Mailed to</u>	<u>Correspondence</u>	<u>Certified</u>	<u>Delivered</u>	<u>Tracking#</u>
05/31/2019	500 5TH AVE FL 39, NEW YORK, NY 10110-3899	FIRST FINANCIAL DISCLOSURE MAILING	N	Y	
07/31/2019	500 5TH AVE FL 39, NEW YORK, NY 10110	SECOND FINANCIAL DISCLOSURE MAILING	Y	Y	9414814902266849456079

Email Activity

<u>Email Date</u>	<u>Email Subject</u>	<u>Email Address</u>
-------------------	----------------------	----------------------

Filing Activity

<u>Form Name</u>	<u>Filed Date</u>	<u>Valid</u>	<u>Comments</u>	<u>County</u>	<u>Date Filed in County</u>
------------------	-------------------	--------------	-----------------	---------------	-----------------------------

Communication

<u>Type</u>	<u>Date</u>	<u>Comments</u>
-------------	-------------	-----------------



Filer - Fines and Appeals - PID 271903 - Albert Cohen

Filer Information

Org Membership

Forms

Communications

Fines and Appeals >

View All

Filer Flags

- [2000](#) [2001](#) [2002](#) [2003](#) [2004](#)
- [2005](#) [2006](#) [2007](#) [2008](#) [2009](#)
- [2010](#) [2011](#) [2012](#) [2013](#) [2014](#)
- [2015](#) [2016](#) [2017](#) [2018\(S\)](#) [2019](#)
- [2020](#) [2021](#)

<<2021 Form Year

Status

Filing: ACTIVE

Fine: No Fine

Flags

Public Address

Filing Extensions

Indefinite: None

Temporary:

None

Eligible for Fines

[Update Flags](#)

The filer has fines for: [2019 \(Appeal\)](#)


2019 Fines and Appeals

Form Year 2018 Filed Forms						
Received Date	Form Type	Form Signed	Filed by Email	Filing Location	Updated	Comments
12/26/19	Form 1	Yes	Yes	SOE	PRINEE on 12/26/2019	Received by COE on behalf of Miami-Dade Supervisor of Elections


2019 Fine Information					Update Fine Information		
					Assign Agency Contact		
Fine Balance	Fine Status	Fine Date	Original Assessment	Fine Amount	Last Payment Date	Payment Plan Start Date	Payment Plan Amount
\$1,500.00	Appeal	3/19/2021	\$1,500.00	\$1,500.00			
Fine Address 1035 Ocean PKWY Brooklyn NY 11230 Org/Suborg Lincoln Road Business Improvement District-Governing Board							

2019 Fine Payment History					
Date Posted	Description	Amount	Method	Payment ID	Comments
3/19/2021	Fine Levied	+ \$1,500.00			Fined \$1500.00
Current Balance: \$1,500.00					

 Add a New Filer

 Jump To A Filer

PID:

 Quick Filer Search

First Name:

Last Name:

2019 Fine Year Event

Chronology

<input checked="" type="checkbox"/> Date	Type	Description	Reference
<input type="radio"/> 08/19/2019	Postcard Sent	Courtesy Postcard Reminder	Print Queue: <u>8/19/2019</u> Printing Confirmed: 8/19/2019

Letter Sent To:
Albert Cohen
500 5th Ave
FL 39
New York, NY 10110 -3899

<input type="radio"/> 09/6/2019	Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: <u>9/6/2019</u> Printing Confirmed: 9/6/2019
---------------------------------	-------------	--------------------------------------	--

Letter Sent To:
Albert Cohen
500 5th Ave
FL 39
New York, NY 10110 -3899

<input type="radio"/> 12/26/2019	Form Received	Form 1 Received, Signed	Form 1 Received by Received by COE on behalf of Miami-Dade Supervisor of Elections SOE
----------------------------------	---------------	-------------------------	--

Form Received By: Emily Prine
Filing Location: Miami-Dade County SOE
Record Created By: Emily Prine on 12/26/2019

12/26/2019 Filer Assistant emailing form Emily Prine
Communication:
Phone

12/26/2019 Filer From: Morris Brown Sent: Emily Prine
Communication: Thursday, December 26,
Email 2019 2:40 PM To: COE-Form1
Subject: 2018 Form 1 Hello,
Attached please find the

2018 Form 1 for Albert
 Cohen. Regards, Morris
 Brown Property Manager
 Centurion Realty, LLC 500
 5th Avenue - 39th Floor New
 York, New York 10110 O:
 212-204-3450 x202
 MBrown@CenturionRE.com


12/26/2019 Filer From: COE-Form1 Sent: Emily Prine
 Communication: Thursday, December 26,
 Email 2019 2:46 PM To: 'Morris
 Brown' Subject: RE: 2018
 Form 1 Thank you form
 received!

12/26/2019 Filer From: Prine.Emily Sent: Emily Prine
 Communication: Thursday, December 26,
 Email 2019 2:45 PM To:
 'Castellanos, Ramon
 (Elections)' ; Bofill, Carmen
 (Elections) Cc: Holmes, Kim
 Subject: Form received
 today

01/13/2020 Filer Updated address to address Kimberly Holmes
 Communication: listed on 2018 Form 1.
 Other

03/19/2021 Fine Levied Fined \$1500.00 Journal: 3/19/2021
4:22 AM

06/11/2021 Notice of Initial Fine Notice Journal: 6/11/2021
 Assessed Fine 9:36 AM

 07/19/2021 Letter Sent Notice of Assessed Fine - Print Queue:
 Filer 1st Fine Letter 7/19/2021
 Printing Confirmed:
7/19/2021

Letter Sent To:
 Albert Cohen
 1035 Ocean PKWY
 Brooklyn, NY 11230

09/20/2021 Final Notice of 2nd Fine Notice Journal: 9/20/2021

Assessed Fine

1:52 PM

09/20/2021 Letter Sent Final Notice of Assessed Fine Print Queue:
 - Second Fine Notice 9/20/2021

Printing Confirmed:
 9/20/2021

Letter Sent To:

Albert Cohen
 1035 Ocean PKWY
 Brooklyn, NY 11230

11/12/2021 Collection Orders Collection Order Notice Journal: 11/12/2021
 4:37 PM

12/9/2021 Letter Sent Collection Orders - Prepare Print Queue:
 Collection Orders 12/9/2021

Printing Confirmed:
 12/9/2021

Letter Sent To:

Albert Cohen
 1035 Ocean PKWY
 Brooklyn, NY 11230

01/19/2022 Fine Appeal FD 19-082 Journal: 1/19/2022
 3:55 PM

01/21/2022 Letter Sent Fine Appeal Print Queue:
 1/21/2022

Printing Confirmed:
 1/21/2022

Letter Sent To:

Albert Cohen
 1035 Ocean PKWY
 Brooklyn, NY 11230

2019 Fine Appeal - FD 19-082	Update Appeal	Withdraw Appeal
	Assign Attorney	Request More Info
Record Appeal Outcome		
Appeal Status: Active Appeal Receipt	No Hearing Requested	

	<p>Date: 01/10/2022 Timely Filed: No Print Appeal Letter: Yes Hearing Requested: No Appeal Reason: Lack of Notification Appeal Notes: Appeal Number: FD 19-082 Appeal Analyst Assigned: Final Order Number: Final Order Date:</p>	
--	---	--