

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**  
 04-21-2002 90908 002 \*\*\*150.00

**DOCUMENT # 492876**

1. Entity Name  
**COZZOLI RESTAURANTS OF FLORIDA, INC.**

Principal Place of Business

**4770 BISCAYNE BLVD  
 SUITE 1040  
 MIAMI FL 33137  
 US**

Mailing Address

**4770 BISCAYNE BLVD  
 SUITE 1040  
 MIAMI FL 33137  
 US**

2. Principal Place of Business

**1234 S. Dixie Hwy.  
 Suite, Apt. #, etc.  
 # 340**

3. Mailing Address

**1234 S. Dixie Hwy.  
 Suite, Apt. #, etc.  
 # 340**

City & State

**Coral Gables, FL.**

City & State

**Coral Gables, FL.**

4. FEI Number

**59-1662571**

Applied For

Not Applicable

Zip

**33146**

Country

**USA**

Zip

**33146**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LAMB, MERRILL  
 4770 BISCAYNE BLVD  
 SUITE 1040  
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **LAMB, ADAM J.**  
 Street Address (P.O. Box Number is Not Acceptable) **1428 Brickell Ave.**  
**Penthouse**  
 City **Miami** FL Zip Code **33131**

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

**3/27/02**

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, 2002 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	<b>D COZZOLI, MICHAEL HOFFSOT LANE SANDS PT PORT WASHINGTON NY 11050</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LAMB, MERRILL 4770 BISCAYNE BLVD #1040 MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAMB, CAROLYN 4770 BISCAYNE BLVD #1040 MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>0 John Cozzoli Hoffsot Lane Port Washington, NY 11050</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1234 S. Dixie Hwy #340 Coral Gables, Fla. 33146</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1234 S. Dixie Hwy #340 Coral Gables, Fla. 33146</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Michael Cozzoli**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/27/02 (305) 576-5117**

CR2E034 (9/01)