

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 535385

1. Entity Name

COZZOLI OF 163RD ST., INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90114 034 ***150.00

Principal Place of Business

4770 BISCAYNE BLVD
SUITE 1400
MIAMI FL 33137
US

Mailing Address

4770 BISCAYNE BLVD.
SUITE 1400
MIAMI FL 33137-3251
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1040

Suite, Apt. #, etc.

Suite 1040

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1740395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMB, MERRILL I
4770 BISCAYNE BLVD.
SUITE 1400
MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 1040

City

FL

Zip Code

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

Merrill I Lamb

4/18/2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME COZZOLI, MICHAEL P
STREET ADDRESS HOFFSTOT LANE SANDS PT
CITY-ST-ZIP PT WASHINGTON, NY 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Pt. Washington, NY 11050

TITLE PD ☐ Delete
NAME LAMB, MERRILL I
STREET ADDRESS 4770 BISCAYNE BLVD., SUITE 1400
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4770 Biscayne Blvd. Suite 1040
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Merrill I Lamb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00

(305) 576-1922

CR2E034 (9/99)