

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90249 027 \*\*\*150.00

**DOCUMENT # 535385**

1. Entity Name  
**COZZOLI OF 163RD ST., INC.**

Principal Place of Business

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

Mailing Address

**4770 BISCAYNE BLVD  
STE 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  
Zip 33146 Country USA**

City & State

**Coral Gables, FL  
Zip 33146 Country USA**

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

**LAMB, MERRILL I  
4770 BISCAYNE BLVD.  
STE 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COZZOLI, MICHAEL P</b>	
STREET ADDRESS	<b>HOFFSTOT LANE SANDS PT</b>	
CITY-ST-ZIP	<b>PORT WASHINGTON NY 11050</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LAMB, MERRILL I</b>	
STREET ADDRESS	<b>4770 BISCAYNE BLVD STE. 1040</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

**3/27/02**

Date

**(305) 576-5117**

Daytime Phone #

0218463 AV

CR2E034 (9/01)