

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90135 014 ***150.00

DOCUMENT # F47851

1. Entity Name
EDISON MALL RESTAURANT CORP. #2

Principal Place of Business C/O MERRILL I. LAMB 4770 BISCAYNE BLVD SUITE 1400 MIAMI FL 33137 US	Mailing Address C/O MERRILL I. LAMB 4770 BISCAYNE BLVD. SUITE 1400 MIAMI FL 33137-3251 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4770 Biscayne Blvd.	3. Mailing Address 4770 Biscayne Blvd.
Suite, Apt. #, etc. Suite 1040	Suite, Apt. #, etc. Suite 1040
City & State Miami, Florida	City & State Miami, Florida
Zip 33137-3251	Zip 33137-3251
Country USA	Country USA

4. FEI Number 59-2128221	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**LAMB, MERRILL I
 4770 BISCAYNE BLVD.
 SUITE 1400
 MIAMI FL 33137**

7. Name and Address of New Registered Agent
 Name: **Merrill I. Lamb**
 Street Address (P.O. Box Number is Not Acceptable):
**4770 Biscayne Blvd.
 Suite 1040**
 City: **Miami, FL** Zip Code: **33137**

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* DATE: 4/13/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COZZOLI, MICHAEL P HOFFSTOT LANE SANDS PT. PT WASHINGTON, NY 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete LAMB, MERRILL I 4770 BISCAYNE BLVD., SUITE 1400 MIAMI FL
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
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PT. WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4770 Biscayne Blvd., Suite 1040
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
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 empowerments.

SIGNATURE: *Merrill I. Lamb* DATE: 4/13/2000 DAYTIME PHONE #: (305) 576-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)