FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 07, 2001 8:00 am Secretary of State DOCUMENT # **F47851** EDISON MALL RESTAURANT CORP. #2 04-07-2001 90011 036 \*\*\*150.00 Principal Place of Business Mailing Address 4770 BISCAYNE BLVD 4770 BISCAYNE BLVD **SUITE 1040 SUITE 1040** MIAMI FL 33137 MIAMI FL 33137 US ЦS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2128221 Not Applicable Country Ζip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMB, MERRILL I Street Address (P.O. Box Number is Not Acceptable) 4770 BISCAYNE BLVD. **SUITE 1040 MIAMI FL 33137** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE TITLE COZZOLI, MICHAEL P NAME NAME HOFFSTOT LANE SANDS PT STREET ADDRESS STREET ADDRESS Awashington, Ny 11050 CITY-ST-ZIP PT WASHINGTON, NY 00000 CITY-ST-ZIP Delete TITLE TITLE LAMB, MERRILL I NAME NAME 4770 Biscagne Blud-, Suite 1040 17 igmi, R. 33137 4770 BISCAYNE BLVD., SUITE 1400 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$T-ZIP MIAMI FL [ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: \_

TERRIU I. LAMA

1/23/01 (305) 576-1922