

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90251 022 ***150.00

DOCUMENT # F47851

1. Entity Name

EDISON MALL RESTAURANT CORP. #2

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

59-2128221

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 I
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.

Adam J. Lamb

(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 **D** ☒ Delete
NAME **COZZOLI, MICHAEL P**
STREET ADDRESS **HOFFSTOT LANE SANDS PT**
CITY-ST-ZIP **PORT WASHINGTON NY 11050**

TITLE **PD** ☐ Delete
NAME **LAMB, MERRILL I**
STREET ADDRESS **4770 BISCAYNE BLVD., SUITE 1400**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **John Cozzoli**
STREET ADDRESS **Hoffstot Lane**
CITY-ST-ZIP **Port Washington, NY 11050**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1234 S. Dixie Hwy #340**
CITY-ST-ZIP **Coral Gables, FL 33146**

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

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

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

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

3/27/02

Date

(305) 576-5117

Daytime Phone #

CR2E034 (9/01)