

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90251 022 ***150.00

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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
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2. Principal Place of Business 1234 S. Dixie Hwy. Suite, Apt. #, etc. #340	3. Mailing Address 1234 S. Dixie Hwy. Suite, Apt. #, etc. #340
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DO NOT WRITE IN THIS SPACE

City & State Coral Gables, FL.	City & State Coral Gables, FL.	4. FEI Number 59-2128221	Applied For <input type="checkbox"/> 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 **Adam J. Lamb** DATE **3/27/02**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D COZZOLI, MICHAEL P HOFFSTOT LANE SANDS PT PORT WASHINGTON NY 11050 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMB, MERRILL I 4770 BISCAYNE BLVD., SUITE 1400 MIAMI FL 33137 <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
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	D John Corzoli Hoffstot Lane Port Washington, NY 11050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1234 S. Dixie Hwy #340 Coral Gables, FL 33146 <input checked="" 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
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 empowered.

SIGNATURE: **Merrill I Lamb** DATE **3/27/02** DAYTIME PHONE # **(305) 576-5117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)