

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F56650

1. Entity Name

COZZOLI RESTAURANT CORP. OF KENDALL #2

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90117 047 ***150.00

Principal Place of Business

Mailing Address

C/O MERRILL I LAMB
4770 BISCAYNE BLVD., STE. 1400
MIAMI FL 33137
US

C/O MERRILL I LAMB
4770 BISCAYNE BLVD 1400
MIAMI FL 33137-3251
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1040

Suite, Apt. #, etc.

Suite 1040

City & State

City & State

4. FEI Number

59-2143055

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMB, MERRILL I
4770 BISCAYNE BLVD.
STE. 1400
33137

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 1040

City

FL

Zip Code

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

4/17/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LAMB, MERRILL I
STREET ADDRESS 555 NE 15TH STREET
CITY-ST-ZIP MIAMI, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS 4770 Biscayne Blvd., Suite 1040
CITY-ST-ZIP Miami, Fla. 33137

☒ Change ☐ Addition

TITLE D
NAME COZZOLI, MICHAEL P
STREET ADDRESS HOFFSTOT LANE
CITY-ST-ZIP PT. WASHINGTON, NY 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Pt. Washington, NY 11050

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERRILL I LAMB

Date

4/17/00

Daytime Phone #

(305) 576-1922

CR2E034 (9/99)