

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90252 037 ***150.00

DOCUMENT # F56650

1. Entity Name

COZZOLI RESTAURANT CORP. OF KENDALL #2

Principal Place of Business

C/O MERRILL I LAMB
4770 BISCAYNE BLVD., STE. 1040
MIAMI FL 33137
US

Mailing Address

C/O MERRILL I LAMB
4770 BISCAYNE BLVD., STE. 1040
MIAMI FL 33137
US

2. Principal Place of Business

1234 S. Dixie Hwy.

Suite, Apt. #, etc.

#340

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Address

1234 S. Dixie Hwy.

Suite, Apt. #, etc.

#340

City & State

Coral Gables, FL

Zip

33146

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2143055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMB, MERRILL I
4770 BISCAYNE BLVD.
STE. 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.

City

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/27/02

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, 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 **PD** ☐ Delete
NAME **LAMB, MERRILL I**
STREET ADDRESS **4770 BISCAYNE BAY BLVD STE 1040**
CITY-ST-ZIP **MIAMI FL 33137**

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

Date

(305) 576-5117

Daytime Phone #

CR2E034 (9/01)