

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90249 038 ***150.00

DOCUMENT # G07374

1. Entity Name

COZZOLI'S PIZZA SYSTEMS, INC.

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.

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

59-2258733

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.
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.

City

**Penthouse
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	D	<input checked="" type="checkbox"/> Delete
NAME	COZZOLI, MICHAEL P.	
STREET ADDRESS	4770 BISCAYNE BLVD. STE 1040	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMB, MERRILL I	
STREET ADDRESS	4770 BISCAYNE BLVD. STE 1040	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Cozzoli	
STREET ADDRESS	Hoffert Lane	
CITY-ST-ZIP	Pt. Washington, NY 11050	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1234 S. Dixie Hwy. #340	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 (305) 576-5117

Date

Daytime Phone #

CR2E034 (9/01)