

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G16303

1. Entity Name

KOZYAK TROPIN & THROCKMORTON, P.A.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90077 047 ***150.00

Principal Place of Business

200 S. BISCAYNE BLVD.
 SUITE 2800
 MIAMI, FL 33131
 US

Mailing Address

200 S. BISCAYNE BLVD.
 SUITE 2800
 MIAMI, FL 33131-2305
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2240304

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

KOZYAK, JOHN W.
 200 S. BISCAYNE BLVD.
 SUITE 2800
 MIAMI FL 33131

Name

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

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 KOZYAK, JOHN W
 9840 SW 63RD CT
 MIAMI, FL 00000 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MILIAN, DAVID P.
 10650 SW 76 Avenue
 Miami, FL 33156 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 TROPIN, HARLEY S.
 5845 SW 93 ST
 MIAMI FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 LOPEZ-CASTRO, CORALI
 914 Bayamo Avenue
 Coral Gables, FL 33146 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 THROCKMORTON, CHARLES W.
 10650 S.W. 68TH AVENUE
 MIAMI FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MCQUILKIN, GAIL A.
 325 Meridan Avenue, #15
 Miami Beach, FL 33139 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HARTMANN, KENNETH R
 445 MONORCA AVENUE
 CORAL GABLES FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HUCK, PAUL C
 906 AGUERO AVENUE
 CORAL GABLES FL 33146 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 ISICOFF, LAUREL M
 12730 SW 77 CT
 MIAMI FL 33156 ☐ 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

Daytime Phone #

CR2E034 (9/99)