FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 09, 2001 8:00 am Secretary of State DOCUMENT # **G16303** 1. Entity Name KOZYAK TROPIN & THROCKMORTON, P.A. 02-09-2001 90211 036 \*\*\*150.00 Principal Place of Business Mailing Address 200 S. BISCAYNE BLVD. 200 S. BISCAYNE BLVD. **SUITE 2800 SUITE 2900** MIAMI, FL 33131 MIAMI. FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2240304 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOZYAK, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD. **SUITE 2800 MIAMI FL 33131** City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Channe ☐ Addition NAME KOZYAK, JOHN W NAME STREET ADDRESS 9840 SW 63RD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TROPIN, HARLEY S. NAME STREET ADDRESS 5845 SW 93 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete TITLE TITLE \_\_\_ Addition\_ THROCKMORTON, CHARLES W. NAME NAME STREET ADDRESS 10650 S.W. 68TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL TITLE □ Delete TITLE ☐ Change Addition HARTMANN, KENNETH R NAME NAME 445 MONORCA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL TITLE Delete TITLE ☐ Change ☐ Addition HUCK, PAUL C NAME NAME STREET ADDRESS 906 AGUERO AVENUE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME ISICOFF, LAUREL M NAME STREET ADDRESS 12730 SW 77 CT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR