

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90324 046 \*\*\*150.00

**DOCUMENT # G16303**

1. Entity Name  
**KOZYAK TROPIN & THROCKMORTON, P.A.**



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  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2240304**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **HARTMANN, Kenneth**  
STREET ADDRESS **11360 S.W. 60 Ave.**  
CITY-ST-ZIP **MIAMI, FLA. 33156**

TITLE **D** ☒ Delete  
NAME **ISICOFF, LAUREL M**  
STREET ADDRESS **12730 SW 77 CT**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☒ Addition  
NAME **GAIL A. McGOILKIN**  
STREET ADDRESS **1571 ALTON RD. #545**  
CITY-ST-ZIP **MIAMI Beach, FLA. 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/28/03 305-312-1800**

CR2E034 (10/02)