

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90016 031 ***150.00

946770



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000002214

1. Entity Name

COZIN LLC

Principal Place of Business

8102 INTERNATIONAL DR.
 ORLANDO FL 32819

Mailing Address

8102 INTERNATIONAL DR.
 ORLANDO FL 32819

2. Principal Place of Business

2413 ROLLING BROOK DR.

3. Mailing Address

2413 ROLLING BROOK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32837

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32837

USA

4. FEI Number

59-3733194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JAMAL, MAHMOOD
 8102 INTERNATIONAL DR.
 ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name JAMAL MAHMOOD

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

2413 ROLLING BROOK DR.

City

ORLANDO

FL

Zip Code

32837

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)

4/3/02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME *President* ☐ Delete
 STREET ADDRESS MAHMOOD JAMAL
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME *2413 ROLLING BROOK DR.* ☐ Change ☐ Addition
 STREET ADDRESS ORLANDO, FL. 32837
 CITY-ST-ZIP

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/3/02 407-370-9444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)