## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # **P96000010628** 05-15-2000 90184 024 \*\*\*150.00 COGZWELL CORP Principal Place of Business Mailing Address 7301-A W. PALMETTO PARK RD. SUITE 2000 7301-A W. PALMETTO PARK RD. SUITE 2000 BOCA RATON FL 33433-3466 BOCA RATON FL 33433 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0657688 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEDMAN, RONALD R Street Address (P.O. Box Number is Not Acceptable) 240 W PALMETTO PARK RD, SUITE 300 **BOCA RATON FL 33432** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, PSD ☐ Addition TITI F ☐ Delete TITLE Patti Conway FRANKEL, PATTI NAME NAME STREET ADDRESS STREET ADDRESS 1521 SW 15TH ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Change Addition TITLE ☐ Delete TITLE CONWAY, CHRISTOPHER NAME NAME STREET ADDRESS STREET ADDRESS 1521 SW\_15TH ST ... CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 ecciver 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 attag vith an address, with all othe like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIF