

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071531

1. Entity Name

KOZY AIR CONDITIONING & APPLIANCE REPAIR, INC.

Principal Place of Business

4045 SHERIDAN AVE #404  
MIAMI BEACH FL 33140  
US

Mailing Address

4045 SHERIDAN AVE  
404  
MIAMI BEACH FL 33140-3665  
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 65-0703514

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

KOZLOVSKY, MENACHEM  
4045 SHERIDAN AVE  
404  
MIAMI BEACH FL 33140

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 true if applicable.

(NOTE: Registered Agent signature required when reconstituting)

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

PSTD  
KOZLOVSKY, MENACHEM  
4045 SHERIDAN AVE #404  
MIAMI BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

Date

Daytime Phone #

07-13-2000 90010 032 \*\*\*150.00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 31 AM 9:07



DO NOT WRITE IN THIS SPACE

CR2E034 19/99

AD

APRIL 26 2000 305-576-7911



Attention Andy Dunlap, 10/31/00

As per our conversation, I am writing to confirm the following information:

I Menachem M. Kozlovsky, THE OWNER OF THE CORPORATION known as:  
"Kozy Airconditioning & Appliance Repair Inc.

CORPORATION # 65-070 3514

Document # P96000071531  
I HAD SENT YOU THE ✓ # 901 FOR THE  
AMOUNT OF \$150. ON APRIL 26, 2000,  
THANK YOU IN ADVANCE FOR HANDLING  
THIS MATTER,  
Menachem M. Kozlovsky