

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039344

1. Entity Name  
COSMOTECH, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90199 012 \*\*\*150.00

Principal Place of Business  
1401 ROYAL PALM WAY  
BOCA RATON FL 33334

Mailing Address  
1401 ROYAL PALM WAY  
BOCA RATON FL 33432-7541

2. Principal Place of Business  
3263 NW 61<sup>ST</sup> STREET  
Suite, Apt. #, etc.

3. Mailing Address  
3263 NW 61<sup>ST</sup> STREET  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON, FLORIDA  
Zip  
33496  
Country

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4. FEI Number 65-0753079  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KINNEY, GEORGE C  
666 S.E. 5 AVENUE  
POMPANO BEACH FL 33060  
5900 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL  
33411

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINNEY, GEORGE C 666 S.E. 5 AVENUE POMPANO BEACH FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROECK, RONALD A 7464 PINE WALK DRIVE S. MARGATE FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLWARD, WM 1401 ROYAL PALM WAY BOCA RATON FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5900 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2745 W. EXPRESS CREEK ROAD FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D PAUL G. FINIZIO 3263 NW 61 <sup>ST</sup> STREET BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T BARBARA B. FINIZIO 3263 NW 61 <sup>ST</sup> STREET BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JOAN KINNEY 5900 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411

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: \_\_\_\_\_ 4-15-2000 (954) 971-0430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)