

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91350 029 ***150.00

DOCUMENT # P00000059581

1. Entity Name
ROSE'S DELI, INC.

Principal Place of Business
 1300 SW 130 AVE
 F403
 PEMBROKE PINES FL 33027

Mailing Address
 1300 SW 130 AVE
 F403
 PEMBROKE PINES FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1018185**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ROTH, LEONARDO A ESQ
% ROTH ROUSSO & BENJAMIN, P.A.
9350 S. DIXIE HWY., PH 2
MIAMI FL 33156

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 fee if applicable

(NOTE: Registered Agent signature required when renewing)

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, 2002 Fee will be \$350.00
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	TD KOGAN, RAUL 18148 N. COLLINS AVE SUNNY ISLES FL 33160	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SZULKAPER DE KOGAN, FLORA EVA 18148 N. COLLINS AVE SUNNY ISLES FL 33160	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SZULKAPER, RAYMOND 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KOGAN, RAUL 1300 SW 130 AVE, F403 Pembroke Pines, FL 33027	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SZULKAPER DE KOGAN, FLORA EVA 1300 SW 130 AVE, F403 Pembroke Pines - FL 33027	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SZULKAPER, RAYMOND 1300 SW 130 AVE, F403 Pembroke Pines - FL 33027	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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

[Signature]

954-433-3289

Daytime Phone #

CP12ED04 (9/01)