

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92121 001 ***300.00

**FOR PROFIT CORPORATION-
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 475436
 1. Entity Name
 RO-MIN CORP. D/B/A BAGEL BAR

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 FL
 Suite, Apt. #, etc.
 18515 NE 18 AVENUE
 City & State
 NORTH MIAMI BEACH FL

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country Zip Country
 33179

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1594557
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
 Robert Goldman
 Street Address (P.O. Box Number is Not Acceptable)
 18515 NE 18 Avenue
 City North Miami Beach FL Zip Code 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Robert Goldman 18515 NE 18 Avenue North Miami Beach, FL 33179	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Melvin Goldman 18515 NE 18 Ave D/B/A RIA 33179	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-pres. Richard Blanco 18515 NE 18 Ave NMB RIA 33179	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Mindy Blanco 18515 NE 18 Ave NMB RIA 33179	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Goldman 3/14/03 305 932 3312
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)