

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90106 015 ***150.00

DOCUMENT # F24859

1. Entity Name
CARL ROSEN WHOLESALE MEATS, INC.



Principal Place of Business
**5910 SW 7TH STREET
MIAMI FL 33144
US**

Mailing Address
**5910 SW 7TH STREET
MIAMI FL 33144
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 **59-2081239**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROSEN, FLORIE
5910 SW 7TH ST
MIAMI FL 33144**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITILE ☐ Delete
NAME **ROSEN, MICHAEL**
STREET ADDRESS **4640 SW 25TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Delete
NAME **ROSEN, FLORIE**
STREET ADDRESS **5910 7TH ST**
CITY-ST-ZIP **MIAMI, FL 00000**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S ☐ Delete
NAME **ROSEN, RONALD**
STREET ADDRESS **5910 7TH ST**
CITY-ST-ZIP **MIAMI, FL 00000**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
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☐ Delete
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Florie Rosen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

305 264-1830
Daytime Phone #

CR2E034 (10/02)