

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059581

1. Entity Name
ROSE'S DELI, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90222 029 ***150.00

Principal Place of Business
**18146 N. COLLINS AVE.
SUNNY ISLES FL 33160**

Mailing Address
**18146 N. COLLINS AVE.
SUNNY ISLES FL 33160**

2. Principal Place of Business
1300 JW 130 Ave.
Suite, Apt. #, etc.
F403

3. Mailing Address
1300 JW 130 Ave.
Suite, Apt. #, etc.
F403

City & State
Lembroke Pines - FL.
Zip
33027 Country
USA

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Lembroke Pines - FL.
Zip
33027 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1018185

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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, 2001 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	TD KOGAN, RAUL 18146 N. COLLINS AVE. SUNNY ISLES FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SZULKAPER DE KOGAN, FLORA EVA 18146 N. COLLINS AVE. SUNNY ISLES FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZULKAPER, RAYMOND 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351 <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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/01 954-433-0170
Date Daytime Phone #

CR2E034 (10/00)