

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90007 036 \*\*\*150.00

0388460 AV

**DOCUMENT # P01000012543**

1. Entity Name

**ROSARIO'S WHOLESALE BAGEL SHOP, INC.**

Principal Place of Business

**9225 SW 18TH ST.  
 BOCA RATON FL 33428**

Mailing Address

**9225 SW 18TH ST.  
 BOCA RATON FL 33428**

2. Principal Place of Business

**159 NW 1ST STREET**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DEERFIELD BEACH, FL**

City & State

4. FEI Number

**65-1114009**

Applied For

Not Applicable

Zip

**33441**

Country

**BWD.**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, ANDREW M ESQ  
 1701 W. HILLSBORO BLVD., STE. 308  
 DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name

**LUCY CRESPO PA**

Street Address (P.O. Box Number is Not Acceptable)

**7370 NW 3RD STREET**

City

**LAVENHILL**

FL

Zip Code

**33319**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/9/02**

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 \$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 ☐ Delete  
 NAME **DPST**  
 STREET ADDRESS **GUIDOS, MAURICIO**  
 CITY-ST-ZIP **9225 SW 18TH ST.  
 BOCA RATON FL 33428**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 a letter like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/02**

**954-746-9879**  
 Date Daytime Phone #

CR2E034 (9/01)