

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90262 013 \*\*\*150.00

**DOCUMENT # P01000098248**

1. Entity Name  
**FRESH, INC.**

Principal Place of Business

**2200 NORTHEAST 33RD AVENUE  
 FORT LAUDERDALE FL 33305**

**1556 E. COMMERCIAL BLVD  
 FT. LAUD, FL 33334**

Mailing Address

**P.O. BOX 11958  
 FORT LAUDERDALE FL 33339**

2. Principal Place of Business

**1556 E. COMMERCIAL BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

City & State

**FT. LAUD. FL.**

City & State

**FT. LAUD. FL.**

Zip

**33334**

Country

**USA**

Zip

**33339**

Country

**USA**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BEISLER, ANTHONY J III  
 1001 NORTHEAST 26TH STREET  
 FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name **MARY KOZIARA**

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

**2200 NE 33RD AVE**

**FT. LAUD FL.**

City

**FL**

Zip Code

**33305**

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

*Mary Koziara*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**MARY KOZIARA 4/8/02**

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 \$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 **PS** ☐ Delete  
 NAME **KOZIARA, MARY**  
 STREET ADDRESS **2200 NORTHEAST 33RD AVENUE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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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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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, for all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/8/02 954-2295023**

CR2E034 (9/01)