

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098248

1. Entity Name  
FRESH, INC.



FILED

03 SEP -9 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4/30/03-90053-011- \$150.00

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 1556 E COMMERCIAL BLVD FORT LAUDERDALE FL 33334		Mailing Address 1556 E COMMERCIAL BLVD FORT LAUDERDALE FL 33334	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
33339			

4. FFL Number 56-237-9674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  KOZIARA, MARY 2200 NE 33RD AVENUE FORT LAUDERDALE FL 33305	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* DATE *9/4/03*

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

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KOZIARA, MARY 2200 NORTHEAST 33RD AVENUE FORT LAUDERDALE FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700022883417 09/09/03-01060-005 **400.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* SIGNATURE REQUIRED

*9/4/03* *954-6103424*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0077888 AV

09/09/03 (4/03)

September 4, 2003

FRESH

To: Division of Corporations...Re: Fresh, Inc. Document # PO1000098248

From: Mary Koziara

Approximately June 1, 2003, I suffered a grand mal epileptic type seizure for a half hour duration, awoke the next morning with no recollection of it, but evidence of having almost bitten half my tongue off, and was subsequently diagnosed with a frontal lobe brain tumor the size of a plum in the front of my face. The doctors thought it could have been there five years, pushing against the left side of my brain, which controls your higher thinking, logic, organization and reasoning. Apparently it had gotten so big six months prior to the seizure that I was severely impaired in all my thinking and decision making, shuffling papers from one side of my desk to the other, doing bizarre things of ordering items, scheduling appointments, etc., and not remembering what I had done. I was taking so many excedrin migraine for headaches that I wasn't even aware anymore of how many I was taking, because my thinking was so impaired.

My tumor was removed after an eight hour surgery at Massachusetts General Hospital in Boston, and was miraculously benign. I am now three months later fighting my way back to recovery, and having to address major errors on my part that I had made six months prior to my seizure.

I am writing to you and relating this story in the hopes that you can find a way to not charge me the penalty of \$400 for not having the federal ID number.

I have since learned that I filed the papers on time, but marked the box federal ID applied for and this was not acceptable, and I had never even applied for it.

I have since done this and have put the proper number done on this paper.

I am worried that my corporation will be lost because of this so I am enclosing a check for the \$400, just in case it cannot be waived, but hope you can return it to me, if you can find that my backup paperwork that I have enclosed supports that I was mentally impaired and a sick puppy.

Please call me at 954-6103424 in Ft. Lauderdale or write to me Mary Koziara, P.O.Box 11958, Ft. Laud., Fla. 33339.

Thank you for any consideration you can give me.

Best regards,

Mary Koziara

1556 E. Commercial Blvd. Fort Lauderdale, Florida 33334

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www.freshfurnishings.com

## ANTHONY M. ALBERICO, M.D., P.

Anthony M. Alberico, M.D., F.A.C.S.  
Diplomate, American Board of Neurological Surgery  
Fellow, American College of Surgeons

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Neurological Surgery  
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Spinal Instrumentation

5757 North Dixie Highway  
Ft. Lauderdale, FL 33309  
FAX: (954) 202-  
(954) 776-

**PATIENT:** Mary Koziara  
**#:** 12493  
**DATE OF VISIT:** 06/04/03  
**REQUESTED BY:** Dr. Brian Steingo

**CHIEF COMPLAINT:** Brain tumor.

**HISTORY OF PRESENT ILLNESS:** Mrs. Koziara is a 54-year-old, right-handed woman who presents for initial evaluation. She suffered a generalized seizure, which was grand mal, approximately a week ago. She was sitting on the couch and apparently, as per her significant other, had a 20 minute tonic-clonic seizure. She apparently slept through the night and has no recollection of the event. The following day she noticed a significant injury to her tongue, which was generally sore all over. She eventually had a MRI which revealed an olfactory groove meningioma. She has had no prior seizures, although she has noticed a decreased sense of smell over the last three weeks with everything smelling metallic to her. She has also noted a recent decrease in her vision requiring a change in her glasses, and she has had personality change with memory disturbance as well.

**PAST MEDICAL HISTORY:** Seizure, as described.

**PAST SURGICAL HISTORY:** Uterine myomectomy 3 years ago.

**MEDICATIONS:** Estrogen and progesterone.

**ALLERGIES:** Adhesive tape.

**SOCIAL HISTORY:** The patient is single. She does not smoke, drinks one glass of wine per night, and has no drug addictions.

**FAMILY HISTORY:** Father died of a malignant brain tumor at the age of 57.

**REVIEW OF SYSTEMS:** Constitutional: Heat laches. Eyes: Change in vision. Ears, Nose, Mouth and Throat: No nose bleed, hoarseness or cough. Cardiovascular: No shortness of breath, fluid in lungs, pacemaker, irregular heart beat, poor circulation, murmur or chest pain. Respiratory: No pneumonia, bronchitis, COPD, TB, cold recently, or emphysema. Gastrointestinal: No ulcer, gastritis, intestinal bleeding, liver

MASSACHUSETTS GENERAL HOSPITAL == HARVARD MEDICAL SCHOOL

G. Rees Cosgrove, M.D., F.R.C.S. (C)  
Associate Professor of Surgery  
Harvard Medical School



Neurological Surgery  
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July 21, 2003

TO WHOM IT MAY CONCERN:

RE: MARY KOZIARA  
DOB: 3/17/49

This letter will certify that I am the treating physician for Mary Koziara.

Mrs. Koziara was diagnosed with a brain tumor and admitted to the Massachusetts General Hospital on June 11, 2003 and underwent a bifrontal craniotomy for tumor resection. She is presently making a good recovery from that surgery.

Prior to her diagnosis, she made arrangements to travel to Europe. Due to the seriousness of her tumor, she underwent surgery as soon as we could accommodate her. Thus she was unable to complete her travel plans. Any assistance you can offer this woman regarding your cancellation policy for urgent matters would be most appreciated.

G. Rees Cosgrove, M.D., FRCS (C)

GRC/rd