

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051773

1. Entity Name

ROSCOE & BERNIE'S, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90151 018 ***150.00

Principal Place of Business

Mailing Address

18778 NE 29 AVE
N MIAMI BEACH FL 33180
US

18778 NE 29 AVE
N MIAMI BEACH FL 33280-0406
US

2. Principal Place of Business

3. Mailing Address

PO Box 800-406

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, FL

Zip

Country

33280

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0431271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SYNOLOVSKI, ELIAS
18778 NE 29 AVE
AVENTURA FL 33180

Name SYNOLOVSKI, ELIAS
Street Address (P.O. Box Number is Not Acceptable) 2742 BISCAYNE BLVD
City MIAMI FL Zip Code 33137

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]* SYNOLOVSKI

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BROIDE, BERNARD
STREET ADDRESS 5689 OAKMONT AVE
CITY-ST-ZIP HOLLYWOOD FL 33312

TITLE ☐ Change ☐ Addition
NAME 2742 BISCAYNE BLVD
STREET ADDRESS MIAMI, FL 33137
CITY-ST-ZIP

TITLE SD
NAME SYNOLOVSKI, ELIAS
STREET ADDRESS 20281 E COUNTRY CLUB DR #204
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
NAME 2742 BISCAYNE BLVD
STREET ADDRESS MIAMI, FL 33137
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

[Signature] SYNOLOVSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00

(305) 389-4228

CR2E034 (9/99)