

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053706

1. Entity Name

LLOYD ROSEN PRODUCE SALES COMPANY

R

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90001 028 ***150.00

Principal Place of Business

4741 ORANGE DRIVE
SUITE 1114
DAVIE FL 33314-901
US

Mailing Address

4741 ORANGE DRIVE
SUITE 1114
DAVIE FL 33314-901
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0436782

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSEN, LLOYD
4741 ORANGE DRIVE
SUITE 1114
DAVIE FL 33314

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

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

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P ROSEN, LLOYD 4741 ORANGE DRIVE DAVIE FL 33314-3901	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00
Date

954-327-9800
Daytime Phone #

CF20014-1000

JEWETT, SCHWARTZ & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

Attachment
OFF P 93000053706

DW73646

CHARLES E. JEWETT, C.P.A.
MICHAEL A. SCHWARTZ, C.P.A.
MICHELLE K. HARNICK, C.P.A.

July 11, 2000

Division of Corporations
Annual Report Section
PO Box 6327
Tallahassee, FL. 32314

Ref.: Lloyd Rosen Produce Sales Company
P 93000053706

Dear Sir or Madam:

Please be advised that the above listed company did not receive the original annual report. Enclosed please find a check in the amount for \$ 150.00 and the completed 2nd Notice UB Report. On behalf of our client we respectfully request that the penalty waived.

Thank you in advance for your kind and prompt attention in this matter.

Sincerely,

Jewett Schwartz & Assoc CPAs
Jewett, Schwartz & Associates CPAs