

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

page 1 of 2

DOCUMENT # P97000017942

1. Entity Name

Rosie's Delray, Inc.

W02000009556

DO NOT WRITE IN THIS SPACE

FILED

02 MAY -8 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1524 S. Federal Highway

Suite, Apt. #, etc.

3. Mailing Address
1524 S. Federal Highway

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip
33483

Country
USA

City & State

Delray Beach, FL

Zip
33483

Country
USA

4. FEI Number

65-0735650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Greg Racette

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

~~702 S.E. 7th Street~~

2000-F Linton Lake Drive

City

Delray Beach

FL

Zip Code
33483

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IN THIS SPACE**

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



(NOTE: Registered Agent signature required when reinstating)

2/25/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

President

Oscar Zimmerman

4401 Sanctuary Lane

Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100005575351--0

-05/21/02--01001--004

****600.00 ****600.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice President

Greg Racette

~~702 S.E. 7th Street~~

2000-F Linton Lake Dr.
Delray Beach, FL 33482

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

(561) 274-7071

Date

Daytime Phone #