

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90174 044 \*\*\*150.00

**DOCUMENT # S50194**

1. Entity Name  
**ROZY CAFE, INC.**

Principal Place of Business  
**11900 BISCAYNE BLVD.  
 NORTH MIAMI FL 33179  
 US**

Mailing Address  
**1891 NE 211TH STREET  
 NORTH MIAMI FL 33179**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0259874**

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

**GOLDMAN, ROZALIA SALITA  
 1891 NE 21TH STREET  
 NORTH MIAMI FL 33179**

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

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 |                                  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|----------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D GOLDMAN, ROZALIA SALITA</b> | NAME  |   |
| STREET ADDRESS             | <b>1891 NE 211TH ST</b>          | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>NORTH MIAMI FL</b>            | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | 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: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)