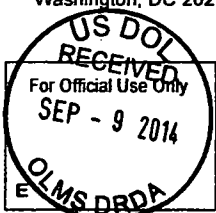


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c-685

561301

Person Filing

2. Name and mailing address (include ZIP Code):

Name MICHAEL ROSADO
Title PRESIDENT
Organization M ROSADO CONSULTANTS, LLC
P.O. Box, Bldg., Room No., if any
Street 96 LINWOOD PLAZA, STE 103
City FORT LEE
State NJ ZIP Code + 4 07024

3. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street 5 QUAIL CT
City ENGLEWOOD
State NJ ZIP Code + 4 07631

4. Date fiscal year ends:

8 / 2014

5. Type of person:

a ☐ Individual b ☐ Partnership c ☒ Corporation d ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name PHILLIP COHEN
Organization ISLAND HOSPITALITY
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 50 COCONUT ROW
City PALM BEACH
State FL ZIP Code + 4 33480

7. Date entered into:

4 / 29 / 2014

8. Name of person(s) through whom made:

Name
Name
Name
Name
Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On

9/3/2014
Date

201-655-9725
Telephone Number

On

_____ Date

_____ Telephone Number

Filer:

M Rosado Consultants

File Number C-

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

VERBAL Agreement
 provide employees consultation about exercising
 their rights to engage in organize & collective
 bargaining

TERMS \$187.50 per hour

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

provide info & consultation to employees
 regarding their rights to organize & bargain
 collectively

11.b. Period during which performed:

Various days 5/16/14

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name

LRI

Organization

P.O. Box, Bldg., Room No., if any

Street

7850 South Elm Place

City

Broken Arrow

State

OKLAHOMA ZIP Code + 4 74011

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Housekeeping
 MAINTENANCE
 Kitchen STAFF

12.b. Identify subject labor organizations:

United Workers of
 America