

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. 88-257, 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.

539229

1. File Number: c-685

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, Suite 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 Steve Cetta
Organization SPARKS STEAK HOUSE
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 210 E 46th St
City NYC, NY
State ZIP Code + 4

7. Date entered into:

6 / 20 / 2013

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 [Signature] President
(If other title, see instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 1/4/2014 201-655-9725
Date 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 to provide CONSULTATION AND speeches to employees About exercising their Rights to ORGANIZE AND BARGAIN collectively

TERMS \$187.50 pr hour / plus expenses

Specific Activities to be Performed

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

a. Nature of activity: TO provide consultation AND give speeches to employees Regarding their Rights to ORGANIZE AND BARGAIN collectively

11.b. Period during which performed:

Various days 6/20/2013 - 7/25/13

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name

L. R. I

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:

44 waiters

12.b. Identify subject labor organizations:

UFCW