

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90076 006 ***150.00

0278839 AV

DOCUMENT # 416450

1. Entity Name

HOUSE OF BAGELS, INC.

Principal Place of Business

**14449 SOUTH DIXIE HWY
 MIAMI FL 33176**

Mailing Address

**14449 SOUTH DIXIE HWY
 MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1452927

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

KOLTUN, DENNIS A

**7000 SW 97TH AVENUE STE 210
 MIAMI FL 33173**

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 \$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 **P** ☐ Delete
 NAME **FLEISH MAN, ROBERT**
 STREET ADDRESS **14601 SW 108 ST.**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **P** ☒ Change ☐ Addition
 NAME **FLEISHMAN, ROBERT**
 STREET ADDRESS **13209 ALHAMBRA LAKE CIR**
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **S** ☐ Delete
 NAME **FLEISH MAN, STEPHANIE**
 STREET ADDRESS **14601 SW 108 ST.**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **S** ☒ Change ☐ Addition
 NAME **FLEISHMAN, STEPHANIE**
 STREET ADDRESS **13209 ALHAMBRA LAKE CIR.**
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Fleishman **ROBERT FLEISHMAN** **4/25/02 305-251-6540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)