

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90005 040 ***150.00

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DOCUMENT # K99317

1. Corporation Name

BAGEL PALACE ENTERPRISES, INC.

Principal Place of Business

6791 NEWPORT LAKE CIRCLE
BOCA RATON FL 33496
US

Mailing Address

6791 NEWPORT LAKE CIRCLE
BOCA RATON FL 33496
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1989

4. FEI Number

65-0129753

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 6320 Boca Del Mar Drive

Suite, Apt. #, etc.

22 Apt 202

City & State

23 Boca Raton, Fla

Zip

24 33433

Country

2a. Mailing Address

26 6320 Boca Del Mar Drive

Suite, Apt. #, etc.

27 Apt 202

City & State

28 Boca Raton, Fla

Zip

29 33433

Country

30

9. Name and Address of Current Registered Agent

ROTHMAN, DAVID
6791 NEWPORT LAKE CIRCLE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

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

6320 Boca Del Mar Drive Apt 202

83

84 City Boca Raton

FL

85 Zip Code 33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROTHMAN, DAVID
STREET ADDRESS 6791 NEWPORT LAKE CIRCLE
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6320 BOCA DEL MAR DRIVE # 202

1.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33433

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Rothman DAVID ROTHMAN

3/25/99 (619) 224-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)