

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L25713

1. Entity Name

A-1 BAGELS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90268 027 ***150.00

Principal Place of Business

Mailing Address

6913 MIRAMAR PARKWAY
MIRAMAR FL 33023

5206 ROOSEVELT ST
HOLLYWOOD FL 33021-3942
US

2. Principal Place of Business

3. Mailing Address

1555 SW 109th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt # 101

City & State

City & State

Pembroke Pines

Zip

Country

Zip

Country

FL 33025



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0155864

Applied For

Not Applicable

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

THOMPSON, MARCIA
3199 FOXCRAFT ROAD
MIRAMAR FL 33025

Name

Marcia Thompson

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

1555 SW 109th Ave. #101

City

Pembroke Pines

FL

Zip Code

33025

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 Marcia Thompson (Secretary) M. Thoms DATE 1/10/00

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, 2000 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 **PD** ☒ Delete
NAME **FRIEDMAN, RONALD S.**
STREET ADDRESS **5206 ROOSEVELT ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **President / Director** ☒ Change ☐ Addition
NAME **Thompson, Sertan A**
STREET ADDRESS **1555 SW 109th Ave. Apt #101**
CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE **TD** ☒ Delete
NAME **FRIEDMAN, KRISTY**
STREET ADDRESS **5206 ROOSEVELT ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Thompson, Marcia P.**
STREET ADDRESS **1555 SW 109th Ave. #101**
CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Sertan Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)