

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90141 011 ***150.00

DOCUMENT # **L25713**
1. Entity Name **A-1 BAGELS, INC**



DO NOT WRITE IN THIS SPACE

60013490

2. Principal Place of Business
6913 Miramar Pkwy
Suite, Apt. #, etc. **Miramar**

3. Mailing Address
6913 Miramar Pkwy
Suite, Apt. #, etc.

City & State
Miramar, FL
Zip **33023** Country **U.S.A**

City & State
Miramar FL
Zip **33023** Country **U.S.A**

4. FEI Number
65-0155864

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Sertan Thompson**

Street Address (P.O. Box Number is Not Acceptable)
9740 SW 13 St.

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President**
NAME **Sertan Thompson**
STREET ADDRESS **9740 SW 13th St.**
CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/Secretary**
NAME **Marcia Thompson**
STREET ADDRESS **9740 SW 13th St.**
CITY-ST-ZIP **Pembroke Pines, FL 33025**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marcia Thompson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03
Date

954-964-9843
Daytime Phone #

CR2E034B (12/02)