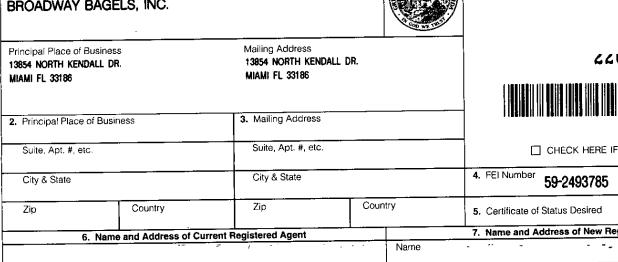
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M09328 DOCUMENT

1. Entity Name

BROADWAY BAGELS, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90154 009 ***150.00

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☐ CHECK HERE IF MAKING CHANGES Applied For Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent ZAFFOS, ALAN Street Address (P.O. Box Number is Not Acceptable) 11605 SUNFISH WAY* COOPER CITY FL 33026 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME ZAFFOS, ALAN NAME STREET ADDRESS 11605 SUNFISH WAY STREET ADDRESS CITY-ST-ZIP COOPER CITY FL CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 Block 11 if chapter the compound of the corporation of the receiver of the receiv changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #