

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M74200 (0)

1. Corporation Name

BAGELAND OF BOCA RATON EAST, INC.

Principal Place of Business

300 S. PINE ISLAND ROAD
SUITE 304
PLANTATION FL 33324

Mailing Address

300 S. PINE ISLAND ROAD
SUITE 304
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0102415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21. 1501 SW 5th Ct.

Suite, Apt. #, etc.

22. Bay C

City & State

23. Pompano Beach FL

Zip

24. 33069

Country

25. Broward

2a. Mailing Address

26. 1501 SW 5th Ct.

Suite, Apt. #, etc.

27. Bay C

City & State

28. Pompano Beach FL

Zip

29. 33069

Country

30. Broward

9. Name and Address of Current Registered Agent

FIDEL JORGE
1501 S.W. 5 COURT, BAY C
POMPAÑO BEACH FL 33069

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 recertifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SILBER, NESTOR
STREET ADDRESS 1501 S.W. 5 COURT, BAY C
CITY ST ZIP POMPAÑO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

NESTOR SILBER

305 942 7138