

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90049 018 ***150.00

DOCUMENT # P00000001152

1. Entity Name
CC BAGELS INC.

Principal Place of Business
1732 S. FEDERAL HWY
DELRAY BEACH FL 33483

Mailing Address
19261 BAY LEAF CT.
BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

7182 BRUNSWICK CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BCH FL.

4. FEI Number

65-0981066

Applied For

Not Applicable

Zip

Country

Zip

Country

33437

Alm BCH

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAUER, GORDON
19261 BAY LEAF CT.
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

SCHAUER, GORDON

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

7182 BRUNSWICK CIR.

City

BOYNTON BCH

FL

Zip Code

33437

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 **GORDON SCHAUER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/02

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, 2002 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 **P** ☐ Delete
NAME **SCHAUER, GORDON**
STREET ADDRESS **1926 BAY LEAF CT.**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
NAME **SCHAUER, GORDON**
STREET ADDRESS **7182 BRUNSWICK CIR**
CITY-ST-ZIP **BOYNTON BCH, FL. 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02

CR2E034 (9/01)