## FOR PROFIT CORPORATION **UNIFORM RUSINESS REPORT (URB)**

## **FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 92121 001 \*\*\*300.00

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1. Entity Name •	P000000 16670 Bagel BAR, Inc	
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DO NOT WRITE IN THIS SPACE  2. Principal Place of Business Suite, Add #, 40.00 Suite,	The	Original Bagel	BAR, Inc					
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  Lin Finance  Lin Finance  Lin Finance  DO NOT WRITE  IN THIS SPACE  City & State  City & FL  Zip Code  City  FL  Zi		DO NOT WRITE	IN THIS SPA	ACE				
Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   S8.75 Additional Fee Required   See Required	1825	NE MIAMI bardens DI				DO NOT WRITE IN THIS SPACE		
Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   S8.75 Additional Fee Required   See Required	City & Stat	mi Beich, FL	City & State		4	65-0982549	Applied For Not Applicable	
DO NOT WRITE  IN THIS SPACE  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for registered or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida.  In Exposure Application of Florida. I am familiar with, and accept the obligation of Florida.  In Exposure Application of			Zip	Country			\$8.75 Additional	
IN THIS SPACE  City  FL  Zip Code  8. The above named ontry 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  January 1. May 1. Fee is \$150.00  After May 1. Fee is \$150.00  Amended USR is \$61.28  Make Check Payable to Pforida Department of State  10. OFFICERS AND DIRECTORS  TITLE  MANE  SITER ADDRESS  CITY 51.79  TITLE  MANE  STREE ADDRESS  CITY 51.79  STREET ADD	and the second s			Name	7.	Name and Address of Current Regist	ered Agent	
Ety FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature (part or other name of registered agent and till it aborability   (FCTI, Registered Agent upplace reasoned when removed)   ONE		DO NOT W	RITE	_Street Ad	ddress (P.O	. Box Number is Not Acceptable) .	-	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symbol speed or read-form of registered agent and the 1 specially.   Proceedings		IN THIS SP	ACE					
SIGNATURE    Signature typed or procedurem of registered agent and till a sociolation   (NOTE. Registered Agent infrasture recovered when remaining)   DATE				City			Zip Code	
Signature, lipsed or primed name of registered agent and title if application   Superature, lipsed or primed name of registered agent and title if application   Superature, lipsed or primed name of registered agent and title if application   Anter May 1, Fee is \$55,00.06   Anter May 1, Fee is \$50,00.06   Anter May			the purpose of changing its rec	gistered office or	registered	agent, or both, in the State of Florida. I a	am familiar with, and accept	
January 1; Fee is \$550.00 And May 16.00 Control of State    In Control of Control of State	SIGNATURE	Signature, typed or printed name of registered agent agent	id title if applicable. (NOTE: Re	gistered Agent signatu	re required whe	n reinstating) DA	TE.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS S	Maka Check	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of 1	State			Election Campaign Financing	\$5.00 May Be	
TITLE	<del></del>	President		TITLE				
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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:

Robert Goldman 3/14/03 305-532 3314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #

CR2E034B (12/02)