

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085931

1. Entity Name
LUCKY DOZEN BAGEL, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90074 025 ***150.00

Principal Place of Business
C/O SHELDON ENGELHARD
5455 TOWN CENTER RD., STE. 801
BOCA RATON FL 33486

Mailing Address
C/O SHELDON ENGELHARD
5455 TOWN CENTER RD., STE. 801
BOCA RATON FL 33486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Lucky Dozen Bagel / DBA
Strathmore Bagel 22191 Powerline Rd
Suite, Apt. #, etc.

3. Mailing Address
22191 Powerline Rd
Suite, Apt. #, etc.

City & State
Boca Raton, FL
Zip
33433 Country
USA

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Boca Raton, FL
Zip
33433 Country
USA

4. FEI Number
65-1041443 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ENGELHARD, SHELDON ESQ.
5455 TOWN CENTER RD.
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Dina Grossman President** **3/23/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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		
TITLE	President <input type="checkbox"/> Delete	
NAME	Dina Grossman	
STREET ADDRESS	11240 Heron Bay Blvd APT 1423	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	Vice President <input type="checkbox"/> Delete	
NAME	Kathleen Van Breene	
STREET ADDRESS	11240 Heron Bay Blvd APT 1423	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	Secretary <input type="checkbox"/> Delete	
NAME	David Grossman	
STREET ADDRESS	11240 Heron Bay Blvd APT 1423	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	Treasurer <input type="checkbox"/> Delete	
NAME	Seymour Schiff	
STREET ADDRESS	6 Horizon Rd APT 1504	
CITY-ST-ZIP	Ft. Lee, N.J. 07034	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Dina Grossman** **Dina Grossman** **3/23/01** **561-417-7780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)