

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90162 008 ***150.00

DOCUMENT # P00000102214

1. Entity Name
BAGELS & BAGELS, INC.

Principal Place of Business
2200 WINTER SPRINGS BLVD STE III
OVIDO FL 32765

Mailing Address
860 E SEMORAN BLVD
CASSELBERRY FL 32707



2. Principal Place of Business

3. Mailing Address

~~Suite, Apt. #, etc.~~

~~Suite, Apt. #, etc.~~

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
59-3682276

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRARI, FRANCO A
860 E. SEMORAN BLVD
CASSELBERRY FL 32707

Name
Luigi A FERRARI
 Street Address (P.O. Box Number is Not Acceptable)
860 E. SEMORAN BLVD.
 City **CASSELBERRY** FL Zip Code **32707**

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

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, 2002 Fee will be \$350.00
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

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 CITY-ST-ZIP
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2200 WINTER SPRINGS BLVD STE III
OVIDO FL 32765

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CASSELBERRY FL 32707

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (407) 359-5300
 Date Daytime Phone #

CR2E034 (9/01)