

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED
FILED

03 JUN -4 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102214	
1. Entity Name BAGELS & BAGELS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2200 Winter Springs Blvd.		3. Mailing Address 2200 Winter Springs Blvd.	
Suite, Apt. #, etc. Suite III		Suite, Apt. #, etc. Suite III	
City & State Oviedo, FL		City & State Oviedo, FL	
Zip 32765	Country USA	Zip 32765	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3682276		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Ramilaben Patel		
Street Address (P.O. Box Number is Not Acceptable)			
2200 Winter Springs Blvd., Suite III			
City Oviedo			FL Zip Code 32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ramilaben Patel May 30, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ramilaben Patel 253 Via Russo Lane Lake Mary, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Ramilaben Patel 5-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

2/6/4