

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000109753

FILED
Apr 01, 2002 8:00 AM
Secretary of State

Entity Name: PALM BEACH BAGEL CO.

Current Principal Place of Business:

1159 N FEDERAL HWY
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

500 S OCEAN BLVD #307
BOCA RATON, FL 33432

New Mailing Address:

1159 N FEDERAL HWY
BOCA RATON, FL 33432

FEI Number: 65-1057094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, JILL
1159 N FEDERAL HIGHWAY
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOODMAN, JILL
Address: 1159 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

Title: VD () Delete
Name: GOODMAN, HOWARD
Address: 1159 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

Title: SD () Delete
Name: VISIONE, JOHN
Address: 1159 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

Title: TD (X) Delete
Name: PESEL, SUSAN
Address: 1159 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN VISIONE

SD

04/01/2002

Electronic Signature of Signing Officer or Director

_____ Date