UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P01000022825							DIVISION OF CORFORATIONS			
1. Entity Name						- ¹ (02 JUN 21 PM 2: 20			
Funny Bagel Food Company, Inc.										
						-	•			
Principal Place of Bu	Mailing Address									
						1				
	*** MY 1/2 ALLES				·-				-	
2. Principal Place of Business		3. Mailing Address			Ì					
21 12000 Biscayne Boulevard		12000 Hiacayne Houlevard 26 Suite, Apr. 4, etc.			- -					
Suite. Apt. #, etc.		Suite 104]		 ,			
22] Suite 104		Ciny & State			4 FEI Number			Applied For		
City & State		North Miami FL			applied for		لنك	Not Applicable		
North Miami FL Zin County		28 Zip County			5. Certificate of	Status Desired 🔲		75 Additional		
Zip 24 33181	Dade	33181 Dade			100 1104 1105					
6 Na	gistered Agent					Name and Address of New Registered Agent				
				81 (Corporate Ci	eations Network Inc.				
Walter the Control of				82	Street Address	(P.O. Box Number is Not Acceptable)				
Christ	7		-1		Street, Suite 200					
11098	Biscayne Blvd,	Ste. 205		83	771 1 0 0 1 1 0					
Miami,	FP 33161 /	11/	Γ	84)	Міалі Веас	th FL 33139				
8. The above named entire subjects this statement for the purposit of changing its registered agent, or both, in the State of Florida									1	
1/// 1 // // // // // // // // // // //										
SIGNATURE (NOTE: Registered Agent against required Agent against requirement against requirem										
A This corporation	is elicible to satisfy its intangible	E ANNALY LYN	16 Faa v	uill be	1 3330.00	10. Election Campaig Fund Contribution	n Mancing Trust		.00 May be ded to Feet	
Tax filing requi	COMPUT SUC CICCIS to on an	Make Check Payabl	e to Dep	MITTING.	end of State			DECT.	ODS IN 11	
(See criteria or	ctors	12		ADDIT	IONS/CHANGES TO	OFFICERS AND IN	i A	elete.		
11.	Aldxander Salgado	DELETE 1.1		1.2 NAME L20*		Kevin Sepe	_		T'	
NAME	12000 Biscayno Boulevard, Sur					1207 NE 92 Street Miami Shorea FL 3311	18			
STREET ADDRESS CITY-ST-ZIP	North Miami, FL 33181		1.4 CTTY-ST-ZIP				-	Chan	ge Addition	
mus	D, VP DELETE			MLE:	. 1	200	10059 f	i ja	F82€	
NAME	William A. Salgado 12000 Biacavne Boulevard, Suite 104			STREET ADDRESS			-06/24/02-	-Ü1	001001	
STREET ADDRESS	North Miami, FL 33181		2.4 CTTY-ST-ZIP						####1 □ □ □ □ □ □ □ □ □ □ Addition	
TTILL	D DELETE			arn Arn						
NAME	Richard Morgan 12000 Biscayne Boulevard, Sui	te 104		3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP						
STREET ADDRESS	North Miami, FL 33181							Cha	ngo 🗌 Addition	
TITLE	1), COO	DELETE		4.1 TITLE 4.2 NAMB			Ļ			
NAME	Celeste De Armas 12000 Biscayne Boulevard, Su	te 104	42 N 43 S	TRE	et address					
STREET ADDRESS	North Miami, FL 33161				ST-209			Cha	nge Addition	
CTTY-ST-ZIP	D. VP. S	DELETE		TILB			L			
NAME	Juan Carlos Ley 12000 Biscayne Bouleyard, Su	ito 104		NAMS STREE	E BT ADDRESS					
STREET ADDRESS	North Miami, Fl. 33181				-3T-ZIP			Chi	nge Addition	
CTTY-ST-ZIP		DELETE		me			L		WPA	
111LE NAME				NAM! RTRE	e et address	;				
STREET ADDRESS	1		6.4 (CITY-	-ST-20P		AMERICA VI. 14. Pr-	4112	further certify that	
6.4 CITY-ST-ZIP CITY-ST-ZIP 1.3. I do bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Floride Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Floride Statutes if made under the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the information indicated on this annual report or supplemental annual report is true and accurate and the information indicated on the same legal effect as										
the information indicates on this sective of trustee empowered to execute this report										
my name appears	in Block I or Block 12 or on	machinent with an addres	€.			6-1-0				
SIGNATURE SIGNATURE SIGNATURE AND TYPED UN FAIR OF SIGNING OPPICER OR DIRECTOR Date Date Descriptions Proces P										
	SIGNATURE AND TYPED OR PRINCE	P INTERNAL DISTRIBUTION								

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June 3,2002

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

Attatched, please find the Uniform Business Report for Funny Bagel Food Company, Inc. The original Uniform Business Report was never received; consequently, we request that the late filing fee be waived.

Thank you,

William A. Salgado, Director

SECRETARY OF STATE DIVISION OF CORPORATIONS

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