2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000042291 **DOCUMENT #**

1. Entity Name

PRETZEL'S OF CORAL RIDGE, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

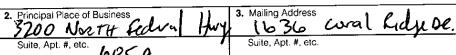
01-08-2003 90024 040 ***150.00



Princ	ipal Pia	ce of B	usiness
1636	CORAL	RIDGE	DRIVE
ET I	ALIDEDE	ALE F	22205

Mailing Address

1636 CORAL RIDGE DRIVE FT. LAUDERDALE FL 33305





	North Sedva Hwy	3. Malling Address W	ral Ridge on	e .				
Suite, Apt.		Suite, Apt. #, etc.	<i>,</i>	☐ CHECK HERE IF MAKING (
City & State	1-1 1 1 1 1	City & State	fis -	4. FEI Number 65-1098958	Applied For Not Applicable	le		
Zip 333	66 Guntry	3330S	Country		68.75 Additional ee Required			
	6. Name and Address of Current R	tegistered Agent		7. Name and Address of New Registered A	<u>gent</u>	4		
Name				•		- 1		
HALEY, JAMES D P.A.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
2122 HOLLYWOOD BLVD.			Sheer riddie	Silect Addition (1.0. Box Hambor 10 year)				
	OD FL 33020							
THOULT WOOD FL 33020			City	FL	Zip Code	一		
			1 '	<u> </u>		_		
8. The above the obligati	named entity submits this statement for ons of registered agent. Signature, typed or printed name of registered agent as		registered office or regi	stered agent, or both, in the State of Florida. I am fa	miliar with, and accept	t		
Ä. After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.				
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND		\exists		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD. BISHOP, DAVID 1636 CORAL RIDGE DRIVE FT. LAUDERDALE FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio	nc		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	on		
TITLE	,	☐ Delete	TITLE		☐ Change ☐ Addition	on		

12. I hereby certify that the Normation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report of 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 acciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition