

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2003

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90126 008 ***150.00

DOCUMENT # P01000042562

1. Entity Name
Just Rich Bagels, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
4877 Coconut Creek Pkwy
Suite, Apt. #, etc.

3. Mailing Address
4775 NW 114th Drive
Suite, Apt. #, etc.

City & State
Coconut Creek, Fl

City & State
Coral Springs, Fl

4. FEI Number
65-1104401

Applied For
Not Applicable

Zip
33063
Country
Broward

Zip
33076
Country
Broward

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Susan Cohen

Street Address (P.O. Box Number is Not Acceptable)
4775 NW 114th Drive

City Coral Springs **FL** **Zip Code** 33076

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE D
NAME Susan Cohen
STREET ADDRESS 4775 NW 114th Drive
CITY-ST-ZIP Coral Springs, Fl. 33076

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/03 954 975-6780