

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90091 018 ***150.00

DOCUMENT # P01000051376

1. Entity Name

THE GOURMENT BAGEL CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17701 Biscayne Blvd.

Suite, Apt. #, etc.
200

City & State

Aventura, Florida

Zip
33160

Country
USA

3. Mailing Address

17701 Biscayne Blvd.

Suite, Apt. #, etc.
200

City & State

Aventura, Florida

Zip
33160

Country
USA

4. FEI Number

04-3646207

Applied For

☐ Not Applicable

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

WALTER S. PESETSKY

Street Address (P.O. Box Number is Not Acceptable)

17701 Biscayne Blvd., Suite 200

City

Aventura

FL

Zip Code

33160

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.

Walter S. Pesetsky

(NOTE: Registered Agent signature required when reinstating)

4/19/02

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
President/Director
NAME
Don Corry
STREET ADDRESS
17701 Biscayne Blvd., #200
CITY - ST - ZIP
Aventura, FL 33160

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IN THIS SPACE**

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:

DON CORRY

4/19/02

(305)682-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)