2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000093105 DOCUMENT

1. Entity Name BAD DOG BAGELS, INC.



FILED Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90064 036 ***158.75

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Principal Place of Business 10771 NW 58TH ST MIAMI FL 33178		10771	ng Address NW 58TH ST FL 33178								
2. Principal Place of Business 3		3 . Ma	3. Mailing Address					HI BB HII BBHIA 18184	INEED THERE I	0164 BHI 1984	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4.	FEI Number 65-1179878			plied For	7
Zip _	Country	Zip		Coun	itry	5	Certificate of Status Desired	x \$8	.75 Add	t Applicable ditional	4
	6. Name and Address of Current	Registere	ed Agent				Name and Address of New I		:Require	d	4
		i i giotor	a Aguin		Name ,		Name and Address of New I	registered Age	,		┨
Bras, Joaquin a 9008 Froud Avenue			Street Address			(P.O. Box Number is Not Acceptable)					$\frac{1}{2}$
SURFSIDE	FL 33154							19		****	1
					City			FL	Zip Cod		\forall
3. The above the obliga	named entity submits this statement fortions of registered agent.	r the purp	ose of changing its r	registere	ed office or registe	ered ag	gent, or both, in the State of Fk	orida. I am fami	liar with,	and accept	1
RIGNATURE											
313111131123	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE:	Registere	d Agent signature require	ed when re	einstating)	DATE			
<i>₿</i> ∕F	ILE NOW!!! FEE IS \$150.00						9. Election Campaign Fit	anging.	65.0		1
Atte Make Checi	::May:1,:2003: Foe:will-be:\$550.00 - CPayable to Florida Department of	State			<u> </u>		Trust Fund Contribution			O May Be to Fees	- -
0. OFFICERS AND DIRECTORS			RS	11.		ΑΓ	DDITIONS/CHANGES TO OFF	ICERS AND DE	PECTORS	SINI 11	\downarrow
ITLE	D Company		☐ Delete 717Lt			,,,,	55110(10) 0(1) 11 020 10 0(1)		Change	Addition	1
	BRAS, JOAQUIN A			NAME	<u> </u>			_			
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: