FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91769 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000092072

1. Entity Name
BAGEL BITES OF SOUTH FLORIDA, INC.

90128695

Principal Place of Business	Mailing Address
9820 SHERIDAN STREET STE 109 PEMBROKE PINES, FL 33024	9820 SHERIDAN STREET STE 109 PEMBROKE PINES, FL 33024

2. Principal Place of Business	3. Mailing Address
1972 S. University Dr	4121 Boston Court
Suite, Apt. #, etc. #2124	Suite, Apt. #, etc.
City & State Davie, FL	City & State Weston, FL
Zip 33324 Country	Zip 33331 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3884131 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WAGNER, PAUL
9820 SHERIDAN STREET STE 109
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name Ricky Plotnick
Street Address (P.O. Box Number is Not Acceptable)
4121 Boston Court
City Weston FL Zip Code 33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE P NAME Ricky Plotnick STREET ADDRESS 4121 Boston Court CITY-ST-ZIP Weston, FL 33331	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VP NAME Paul Wagner STREET ADDRESS 9820 Sheridan Street, #109 CITY-ST-ZIP Pembroke Pines, FL 33024	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Ricky Plotnick 4/30/03 954 349-2307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #