

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90185 029 ***150.00

DOCUMENT # P93000085873

1. Entity Name

BAGEL BOYS INC. OF STUART, FLORIDA

Principal Place of Business

2395 S.E. OCEAN BLVD.
 STUART FL 34996

Mailing Address

2395 S.E. OCEAN BLVD.
 STUART FL 34996-3309

2. Principal Place of Business

3105 SE CARD TERRACE

Suite, Apt. #, etc.

3. Mailing Address

3105 SE CARD TERRACE

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE, FL

Zip

34984

Country

U.S.A.

Zip

34984

Country

U.S.A.

4. FEI Number

65-0453066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LIBERA, BENJAMIN
3105 SE CARD TERRACE
PORT ST. JOE FL 34984

7. Name and Address of New Registered Agent

Name **LIBERA, BENJAMIN**
 Street Address (P.O. Box Number is Not Acceptable)
3105 SE CARD TERRACE
PORT ST LUCIE, FL 34984
 City **FL** Zip Code **34984**

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

Benjamin B. Libera

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2000

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **LIBERA, BENJAMIN**
 STREET ADDRESS **524 S.E. CLIFF ROAD**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE **S** ☐ Delete
 NAME **LIBERA, BENJAMIN**
 STREET ADDRESS **3105 SE CARD TERRACE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE **T** ☒ Delete
 NAME **BRADFORD, MARGARET**
 STREET ADDRESS **2903 BELLA ROAD**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **LIBERA, BENJAMIN**
 STREET ADDRESS **3105 SE CARD TERRACE**
 CITY-ST-ZIP **PORT ST LUCIE, FL 34984**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **LIBERA, BENJAMIN**
 STREET ADDRESS **3105 SE CARD TERRACE**
 CITY-ST-ZIP **PORT ST LUCIE, FL 34984**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

Benjamin B. Libera
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000 **561-220-7811**