

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000085873**

1. Entity Name

BAGEL BOYS INC. OF STUART, FLORIDA**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90021 044 ***150.00

0631075

Principal Place of Business

Mailing Address

**3105 SE CARO TERRACE
PORT SAINT LUCIE FL 34984****3105 SE CARO TERRACE
PORT SAINT LUCIE FL 34984**

2. Principal Place of Business

3105 SE CARD TERRACE

3. Mailing Address

3105 SE CARD TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Saint Lucie, FL

City & State

Port Saint Lucie, FL4. FEI Number **65-0453066**

Applied For

Not Applicable

Zip

34984

Country

ST LUCIE

Zip

34984

Country

ST LUCIE5. 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

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

City

FL

Zip Code

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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PST	<input type="checkbox"/> Delete
NAME	LIBERA, BENJAMIN	
STREET ADDRESS	3105 SE CARD TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/25/2001**
Date**561-336-5649**
Daytime Phone #**Benjamin B Libera**

CR2E034 (10/00)