

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000027310

1. Entity Name

BOYNTON BAGELS, CORP.



Principal Place of Business

**6613 W BOYNTON BEACH BLVD
BOYNTON BEACH FL 33437
US**

Mailing Address

**6613 W BOYNTON BEACH BLVD
BOYNTON BEACH FL 33437
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0492036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAPERSTEIN, SEYMOUR
6613 W BOYNTON BEACH BLVD
BOYNTON BEACH FL 33437**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	ST	<input type="checkbox"/> Delete
NAME	MONTELBANO, NANCY	
STREET ADDRESS	6613 W. BOYNTON BEACH BLVD.	
CITY- ST- ZIP	BOYNTON BEACH FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SAPERSTEIN, SEYMOUR	
STREET ADDRESS	6613 W. BOYNTON BEACH BLVD.	
CITY- ST- ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

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01/24/05-80183-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Seymour Saperstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05 561-732-9595

Date

Daytime Phone #