

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 25 1996 8:00 am  
Secretary of State

DOCUMENT # P94000068619 (3)

1. Corporation Name

BAGEL INN & BAKE SHOP, INC.



Principal Place of Business

6060 SW 18TH ST  
BOCA RATON FL 33432  
US

Mailing Address

6060 SW 18TH ST  
BOCA RATON FL 33432  
US

3. Date Incorporated or Qualified  
09/19/1994

3a. Date of Last Report  
08/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number  
65-0519852

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

PIROZZI, ROBERT  
1999 N FEDERAL HWY  
BOCA RATON FL 33432

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME ~~PIROZZI, ROBERT~~

STREET ADDRESS ~~1999 N FEDERAL HWY~~

CITY-STATE-ZIP ~~BOCA RATON FL~~

1.2 TITLE ☐ DELETE

NAME ~~SD~~

STREET ADDRESS ~~6 BERNARD ST~~

CITY-STATE-ZIP ~~GREAT NECK NY~~

1.3 TITLE ☒ DELETE

NAME ~~RIVAS, JAMES~~

STREET ADDRESS ~~645 SW 191ST AVE~~

CITY-STATE-ZIP ~~DAVIE FL~~

1.4 TITLE ☐ DELETE

NAME ~~VPD~~

STREET ADDRESS ~~PAOLINO, PAUL~~

CITY-STATE-ZIP ~~35 CROYDEN~~

GREAT NECK NY

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Pres/Dir

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*Paul Paolino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/96 (407) 367-7666

CR2E034 (12/95)