2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010321 1. Entity Name STOLA'S BAGEL COMPANY

FILED Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90029 007 ***150.00

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Principal Plac	ce of Business	Mailing Address					
ALT A1A 102 BEACH GARDENS FL 33410 2. Principal Place of Business		9810 ALT A1A STE 102 PALM BEACH GARDENS FL 33410 US		ļ	839328		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & State		City & State		4. F	65-0553579		pplied For
Zip	Country	Zip .	Country	5. C	ertificate of Status Desired [\$8.75 Ac	
	6. Name and Address of Curren	t Registered Agent		7. N	ame and Address of New Regis	tered Agent	
	7 -		Name				
STOLA, FRANK 9810 ALT A1A			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
STE	102 M BEACH GARDENS FL 33410			 			•
PALI	N BEAUTI GARDENS FL 334 IU		City			FL Zip Co	de
8. The above	e named entity submits this statement f	or the purpose of changing its	registered office or re	gistered age	nt, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agen	(NOT	E: Régistered Agent signature r	novirad when soi	ndatas)	DATE	
	Signature, typed or printed name or registered agen	it and title it applicable. (NO)	E: negistered Agent signature i	eduled when tell	istating)	DATE	
Tax filing r	oration is eligible to satisfy its Inlangibl requirement and elects to do so. ria on back)	After MAY 1, 20	!!! FEE IS \$150.00 000 Fee will be \$550 ble to Department o		 Election Campaign Financi. Trust Fund Contribution. 	ng \$5.0 \(\text{Adde} \)	00 May Be ed to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADI	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P STOLA, FRANK R 9810 ALT A1A, SUITE 102 PALM BEACH GARDENS FL 334	Delete .	TITLE NAME STREET ADDRESS			☐ Change	Addition
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HITE	LST		CITY-ST-ZIP			∏ Channe	noitibha 🗔
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13 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 true e 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.

NAME OF SIGNING OFFICER OR DIRECTOR