2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 16, 2000 8:00 am Secretary of State DOCUMENT # **P96000043036** 1. Entity Name F & J MANHATTAN BAGEL, INC. 03-16-2000 90085 036 ***150.00 Principal Place of Business Mailing Address **BOX 27** 760 12TH STREET KEY COLONY BEACH FL 33051 KEY COLONY BEACH FL 33051 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0601019 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIXON, LAWRENCE J ESQ. Street Address (P.O. Box Number is Not Acceptable) 619 NO. GRANDVIEW AVENUE DAYTONA BEACH FL 32118 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition PD ☐ Delete TITLE TITLE FERBER, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 760 12TH STREET CITY-ST-ZIP CITY-ST-ZIP **KEY COLONY BEACH FL 33051** Addition ☐ Change ☐ Delete TITLE FITZPATRICK, EDWARD NAME STREET ADDRESS STREET ADDRESS **760 12TH STREET** CITY-ST-ZIP CITY-ST-ZIP KEY COLONY BEACH FL 33051 Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME

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 in Block 12 changed, or on an attachmen

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CR2E034 (9/99