

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049740

1. Entity Name

SUNFLOUR BAGEL BAKERY, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90101 024 \*\*\*150.00

Principal Place of Business

PLAZA AT DELRAY  
1732 S. FEDERAL HIGHWAY  
DELRAY BEACH FL 33483

Mailing Address

PLAZA AT DELRAY  
1732 S. FEDERAL HIGHWAY  
DELRAY BEACH FL 33483-3309

2. Principal Place of Business

12283 PLEASANT GREEN WAY

Suite, Apt. #, etc.

3. Mailing Address

12283 PLEASANT GREEN WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0704478

Applied For

Not Applicable

Zip

33437

Country

PALM BEACH

Zip

33437

Country

PALM BEACH

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

VIEIRA, HARRY  
12283 PLEASANT GREEN WAY  
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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	VIEIRA, HARRY	12283 PLEASANT GREEN WAY	BOYNTON BEACH FL 33437	<input type="checkbox"/>
VP	VIEIRA, RITA	12283 PLEASANT GREEN WAY	BOYNTON BEACH FL 33437	<input type="checkbox"/>
VP	BEATH, RICHARD	1301 S.W. 9TH ST.	BOCA RATON FL 33486	<input type="checkbox"/>
ST	BEATH, LAUREN	1301 S.W. 9TH ST.	BOCA RATON FL 33486	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

*Signature: Harry Vieira - President 4/28/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 733-4460