

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State
 03-09-2001 90480 015 ***150.00

0490142

DOCUMENT # P96000051657

1. Entity Name

BAGEL TIME RESTAURANT II, INC.

Principal Place of Business

~~10036 PINES BLVD.~~
~~HOLLYWOOD FL 33025~~

Mailing Address

~~10036 PINES BLVD.~~
~~HOLLYWOOD FL 33025~~

2. Principal Place of Business

23277 LAGO MAR CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address

23277 LAGO MAR CIRCLE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

59-2546370

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

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

DIGIORGIO, ANTHONY SR.

~~10036 PINES BLVD.~~
~~HOLLYWOOD FL 33025~~

Name

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

23277 LAGO MAR CIRCLE

BOCA RATON, FL 33433

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 *Anthony Di Giorgio*

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, 2001 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	PSD	<input checked="" type="checkbox"/> Delete
NAME	DIGIORGIO, ANTHONY SR	
STREET ADDRESS	% 10036 PINES BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33025	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DIGIORGIO, FRANK	
STREET ADDRESS	% 10036 PINES BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY DIGIORGIO	
STREET ADDRESS	23277 LAGO MAR CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN DIGIORGIO	
STREET ADDRESS	23277 LAGO MAR CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Anthony Di Giorgio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Di Giorgio

Date

Daytime Phone #

2/7/01 954-346-7288

CR2E034 (10/00)