2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

P96000064824

1. Entity Name

EMAN DONUTS, INC.

FILED May 02, 2003 8:00 am Secretary of State

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Principal Place of Business Mailing Address 777 S. FEDERAL HWY. 777 S. FEDERAL HWY. **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number 65-0687260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Ager 7. Name and Address of New Registered Agent Name **DUNKIN DONUTS** Street Address (P.O. Box Number is Not Acceptable) 777 S. FEDERAL HWY. BOCA RATON FL 33432 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. I am familiar with, and accept the obligations of registered ager egistered agent and titl it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ଥ ☐ Change ☐ Addition TITLE TITLE ☐ Delete FALLAH-MONTAZER, NASRIN" NAME NAME 9774 A-11 GLADES RD. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete NAME MONTAZER, ALIREZA NAME STREET ADDRESS STREET ADDRESS 9774 A-11 GLADES RD. CITY-ST-ZIP **BOCA RATON FL 33434** HTY-ST-ZIP TITLE TITLE ☑ Delete NAME NAME STREET ADDRE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE NAME NAME STREET ADDR STREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP TITLE Delete TITLE NAME THE ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if