

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098836

1. Entity Name

BAGEL ISLAND CAFE, INC.

Principal Place of Business

200 KEY DEER BLVD
BIG PINE KEY FL 33043
US

Mailing Address

547 HECK AVE.
LITTLE TORCH KEY FL 33042
US

2. Principal Place of Business

3. Mailing Address

537 HECK AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Little Torch Key, FL.

Zip

Country

Zip

Country

33042

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYER, JEFFREY B ESQ.
29872 OVERSEAS HIGHWAY STE 1
BIG PINE KEY FL 33043

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, 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 ☐ Delete
NAME D
STREET ADDRESS CUCCIA, DAVID
CITY-ST-ZIP 547 HECK AVENUE
LITTLE TORCH KEY FL 33042

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 537 Heck Ave
CITY-ST-ZIP Little Torch Key, FL. 33042

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01

305-872-9912

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE