

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90080 036 ***150.00

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

537 HECK AVE.
LITTLE TORCH KEY FL 33042
US

2. Principal Place of Business

205 Key Deer Blvd
 Suite, Apt. #, etc.

3. Mailing Address

205 Key Deer Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Big Pine Key FL
 Zip **33043** Country **Monroe**

City & State

Big Pine Key FL
 Zip **33043** Country **Monroe**

4. FEI Number

65-0711982

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** **CUCCIA, DAVID** ☒ **Delete**
NAME
STREET ADDRESS **537 HECK AVE**
CITY-ST-ZIP **LITTLE TORCH KEY FL 33042**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** **Dreifort Denise** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **205 Key Deer Blvd**
CITY-ST-ZIP **Big Pine Key FL 33043**

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

TITLE ☐ **Change** ☐ **Addition**
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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 REQUIRED
Dreifort Denise

1-16-02

Date

305-872-9912

Daytime Phone #

CR2E034 (9/01)