2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # **P97000023663** EMPIRE BAGEL & DELI CORP. 04-16-2001 90245 003 ***150.00 Principal Place of Business Mailing Address C/O GEORGE DESIMONE C/O GEORGE DESIMONE 330 CLEMATIS ST STE 111 330 CLEMATIS ST STE 111 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0741836 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - > 7. Name and Address of New Registered Agent = = ---- 6. Name and Address of Current Registered Agent Name DESIMONE, GEORGE Street Address (P.O. Box Number is Not Acceptable) 105 WATERVIEW WAY **ROYAL PALM BEACH FL 33411** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DESIMONE, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 105 WATERVIEW WAY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME DESIMONE, GEORGE NAME STREET ADDRESS STREET ADDRESS 105 WATERVIEW WAY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 TITLE ☐ Detete TITLE Change . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eport 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR