

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017101

1. Entity Name

NORTH MIAMI BAGELS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90163 024 ***150.00

Principal Place of Business

Mailing Address

1990 NE 123 ST
 N MIAMI FL
 US

1990 NE 123 ST
 N MIAMI FL 33181-2668
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0816883

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDMAN, MELVIN
21150 POINT PLACE
APT 806
AVENTURA FL 33180

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, 2000 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	D <input type="checkbox"/> Delete
NAME	GOLDMAN, MELVIN
STREET ADDRESS	21150 POINT PLACE, APT 806
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	D <input type="checkbox"/> Delete
NAME	GOLDMAN, JOANN
STREET ADDRESS	21150 POINT PL #806
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	DV <input type="checkbox"/> Delete
NAME	BRAUSE, DANIEL
STREET ADDRESS	1075 LYONTREE ST
CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	DV <input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, TODD
STREET ADDRESS	440 S PARK RD #303
CITY-ST-ZIP	HOLLYWOOD FL 33021
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"/> 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	
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: *Daniel Brause* **Daniel Brause** 4/17/00 305-895-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)