

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90064 003 \*\*\*150.00

**DOCUMENT #** P98000017101

1. Entity Name

North Miami Bagels, Inc.

Principal Place of Business Mailing Address

1990 NE 123 Street  
 North Miami, Florida  
 33181

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Melvin Goldman  
 21150 Point Place, Apt. 806  
 Aventura, FL 33180

Name  
 Daniel Brause  
 Street Address (P.O. Box Number is Not Acceptable)  
 Bagel Bar East  
 1990 NE 123 Street  
 City  
 North Miami FL Zip Code  
 33181

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

*Daniel Brause*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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 VP, D  
 NAME Daniel Brause ☐ Delete  
 STREET ADDRESS 1075 Lyontree Street  
 CITY - ST - ZIP Hollywood, FL 33019

TITLE D ☒ Delete  
 NAME Melvin Goldman  
 STREET ADDRESS 21150 Point Place, #806  
 CITY - ST - ZIP Aventura, FL 33180

TITLE D ☒ Delete  
 NAME Joann Goldman  
 STREET ADDRESS 21150 Point Place, #806  
 CITY - ST - ZIP Aventura, FL 33180

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE VP, D ☒ Delete  
 NAME Todd Goldberg  
 STREET ADDRESS 440S. Park Road, #303  
 CITY - ST - ZIP Hollywood, FL 33021

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1990 NE 123 Street  
 CITY - ST - ZIP North Miami, FL 33181

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

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

TITLE P, D ☐ Change ☒ Addition  
 NAME Steve Hochman  
 STREET ADDRESS 1990 NE 123 Street  
 CITY - ST - ZIP North Miami, FL 33181

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

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:

*Daniel Brause*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/24/01

Daytime Phone #

305-895-7022

00056648

DO NOT WRITE IN THIS SPACE