

5/23/00

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-23-2000 90255 023 ***150.00

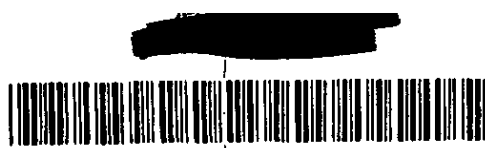
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000101246**

Entity Name
TAMPA BAGEL & CAFE, INC.

R

Principal Place of Business SOUTH WILLOW AVENUE FL 33606	Mailing Address 304 SOUTH WILLOW AVENUE TAMPA FL 33606-2147
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3551874	APPLIED FOR	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, JOE M ESQ. 304 SOUTH WILLOW AVENUE TAMPA FL 33606		7. Name and Address of New Registered Agent		
Name		Name		
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)		
City		FL	Zip Code	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST-ZIP	<input type="checkbox"/> Delete PSTD MORALES, ANGEL 304 SOUTH WILLOW AVENUE TAMPA FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **De M** **APR 30, 2000** **8128764310**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Transaction Name: TAM0046019 User Name: cmprin59 Date: 5/28/2000 Time: 10:07:43 AM

THE TAMPA BAGEL & CAFE INC 304 SOUTH WILLOW AVE TAMPA, FL 33606

DOC # P98000101246

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TAMPA BAGEL & CAFE INC
304 S WILLOW AVE

59-3551874 1999
TAMPA

FL 33606

Transaction Name: TAM0046019 User Name: cmprin59 Date: 6/28/2000 Time: 10:08:17 AM

59-3551874 CURRENT BMF N/C TAMPA LOC CODE 5901 LUC 199904

CURRENT BMF NAMELINE
~~TAMPA BAGEL & CAFE INC~~
304 S WILLOW AVE
TAMPA

FL 33606-2147 044

FISCAL YEAR MONTH 12
BEFORE FISCAL YEAR MONTH 00
EMPLOYMENT CODE
ESTABLISHMENT YEAR/MONTH 199901
IND CODE SB BOD CLIENT CODE DEBT IND N

FILING REQUIREMENTS
1120-01