

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90008 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA9000015291

1. Entity Name

The Hole in the Wall Bagel Co., Inc. ✓**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2037 NE 36 St.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lighthouse Point, FL

City & State

4. FEI Number

65-0895277

I Applied For

Not Applicable

Zip

33064-7538

Country

USA

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name: Angel L. RiveraStreet Address (P.O. Box Number is Not Acceptable)
2700 N.W. 44th StApt 501City Oakland Park

FL

Zip Code
33309**DO NOT WRITE
IN THIS SPACE**

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 changing)

DATE: 1-2-02 BY: Angel L. Rivera9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so:
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Angel L. Rivera</u> <u>2700 N.W. 44th St Apt 501</u> <u>Oakland Park FL 33309</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-02

Date:

954 781-6255

Telephone Number: