

FILED  
Apr 21, 2002 8:00 am  
Secretary of State

03-13-2002 90078 027 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000019635**  
 1. Entity Name  
**B & G DONUTS, INC.**

Principal Place of Business      Mailing Address  
**22807 STATE ROAD #7**      **22807 STATE ROAD #7**  
**BOCA RATON FL 33428**      **BOCA RATON FL 33428**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**JA-24600-49**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**COLASURDO, GARRY**  
**9462 BOCA RIVER CIRCLE**  
**BOCA RATON FL 33434**

7. Name and Address of New Registered Agent  
 Name **GARRY COLASURDO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5041 N.W. 64TH DRIVE**  
 City **CORAL SPRINGS**      FL      Zip Code **33067**

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 \_\_\_\_\_ (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, 2002 - 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		<input type="checkbox"/> Delete
TITLE	<b>P</b>	
NAME	<b>COLASURDO, GARRY</b>	
STREET ADDRESS	<b>9462 BOCA RIVER CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE	<b>V</b>	
NAME	<b>BRAVERMAN, ROBERT</b>	
STREET ADDRESS	<b>3215 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	<b>COLASURDO, GARRY</b>		
STREET ADDRESS	<b>5041 N.W. 64TH DRIVE</b>		
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>		
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: SIGNATURE OF GARRY COLASURDO *Garry Col*      Date **2/28/02**      Daytime Phone # **561-852-0102**

CR2E034 (9/01)