

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024820

1. Entity Name

BAGEL BIN, INC.

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90069 004 \*\*\*150.00

Principal Place of Business

Mailing Address

2444 UNIVERSITY DR.  
CORAL SPRINGS FL 33065

2444 UNIVERSITY DR.  
CORAL SPRINGS FL 33065-5124

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  
65-0927629

Applied For  
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

7. Name and Address of New Registered Agent

CRANMER, R. BRUCE ESQ.  
1515 UNIVERSITY DR., STE. 214  
CORAL SPRINGS FL 33071

Name

WENDT, JANET L

Street Address (P.O. Box Number is Not Acceptable)

2442 University Drive

Coral Springs, FL 33065

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.

JANET L WENDT President

Janet Wendt

2-3-00

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

(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) ☐

**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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p><input type="checkbox"/> Delete</p> <p>D WENDT, JANET 2444 UNIVERSITY DR. CORAL SPRINGS FL 33065</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		
<p><input type="checkbox"/> Delete</p> <p>ADDRESS ST-ZIP</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>VPD WENDT, WILLIAM 2444 University Dr. Coral Springs FL 33065</p>		
<p><input type="checkbox"/> Delete</p> <p>ADDRESS ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		
<p><input type="checkbox"/> Delete</p> <p>ADDRESS ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		
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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:

Janet L WENDT

2-3-00

954345-4166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)