

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027515

1. Entity Name

TAMPA BAGELS SOUTH, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90058 006 ***150.00

Principal Place of Business

Mailing Address

6211 NIMES CT.
 LUTZ FL 33549

6211 NIMES CT.
 LUTZ FL 33624-2742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3341 S. Westshore Blvd.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Fla

City & State

4. FEI Number

59-3577650

Applied For

Not Applicable

Zip

Country

33629

Hillsb.

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

CHICAS, MAURICIO
 6211 NIMES CT.
 LUTZ FL 33549

Name

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

City

FL

Zip Code

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 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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CHICAS, MAURICIO
 CITY-ST-ZIP 6211 NIMES CT.
 LUTZ FL 33549

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CHICAS, PENNY
 CITY-ST-ZIP 6211 NIMES CT.
 LUTZ FL 33549

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mauricio I. Chicas 5/11/00 813 839 1132

CR2E034 (9/99)