

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90429 017 \*\*\*150.00

DOCUMENT # P99000047127

1. Entity Name

PARADISE BAGEL & DELI, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1557 N. COCOA BLVD

Suite, Apt. #, etc.

3. Mailing Address

1557 N. COCOA BLVD

Suite, Apt. #, etc.

City & State

COCOA FL

City & State

COCOA FL

Zip

32922

Country

Zip

32922

Country

4. FEI Number

59-3593516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PAMELEE W DILLON

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

2412 DUNBAR AVE.

City MELBOURNE

FL

Zip Code 32901

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) ☐

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 PTD  
NAME DILLON PAMELEE W  
STREET ADDRESS 2412 DUNBAR AVE  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE SD  
NAME KAMOSS KATIE  
STREET ADDRESS 2412 DUNBAR AVE  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELEE W DILLON 5/1/02  
PRES

Date

Daytime Phone: #

CR2E034B (12/01)