


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91908 045 ***150.00

DOCUMENT # P990000047127	
1. Entity Name PARADISE BAGEL & DELI, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1557 N. Cocoa Blvd.		3. Mailing Address 1557 N. Cocoa Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cocoa, Fl.		City & State Cocoa, Fl.	
Zip 32922	Country USA	Zip 32922	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3593516		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name Pamellee W. Dillon		
Street Address (P.O. Box Number is Not Acceptable)		
2412 Dunbar Avenue		
City Melbourne	FL	Zip Code 32901

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTD	Dillon, Pamellee W.	2412 Dunbar Avenue
			Melbourne, Fl. 32901
	SD	Kamoss, Katie	2412 Dunbar Avenue
			Melbourne, Fl. 32901

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamellee W. Dillon* **5-1-2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)