

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

Jun 08, 2000 8:00 am
Secretary of State

04-23-2000 90033 049 ***158.75

DOCUMENT # P99000085836

1. Entity Name
BAGELVILLE USA INC.

Principal Place of Business
**555 S. FEDERAL SUITE 400F
BOCA RATON FL 33432**

Mailing Address
**555 S. FEDERAL SUITE 400F
BOCA RATON FL 33432-6033**

2. Principal Place of Business
6006 ROYAL POINCIANA LN.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
TAMARAC FL.

City & State

4. FEI Number
APPLIED FOR

☒ Applied For
☐ Not Applicable

Zip
33319

Country
US

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

**HAMILTON, BRENDA
555 S. FEDERAL SUITE 400F
BOCA RATON FL 33432**

Name
YALE GARBER
Street Address (P.O. Box Number is Not Acceptable)
6006 ROYAL POINCIANA LN.
City
TAMARAC, FL Zip Code
33319

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
Makes 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D. YALE GARBER ☐ Delete
6006 ROYAL POINCIANA LANE
TAMARAC FL. 33319

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HASSAN EL GABRI ☐ Delete
6006 ROYAL POINCIANA LANE
TAMARAC FL 33319

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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

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: **Yale Garber** **YALE GARBER** **4-17-2000** **954 486 0994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)