

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000097613**1. Entity Name  
**STRATHMORE BAGEL AND CATERING, INC.**Principal Place of Business  
1420 CORAL RIDGE DR  
CORAL SPRINGS FL 33071  
Mailing Address  
1420 CORAL RIDGE DR  
CORAL SPRINGS FL 330712. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0978466**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****FRIEDMAN SHEPHERD**  
2601 SW 130 TERR  
DAVIE FL 33330 US**7. Name and Address of New Registered Agent**Name  
**FRIEDMAN SHEPHERD**  
Street Address (P.O. Box Number is Not Acceptable)  
2401 S.W. 131 TERRACE  
City  
DAVIE FL Zip Code  
33325

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 **SHEPHERD A. FRIEDMAN****04/18/2001**

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, 2001 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>FRIEDMAN SHEPHERD</b>	
STREET ADDRESS	<b>2601 SW 130 TERR DR</b>	
CITY-ST-ZIP	<b>DAVIE FL 33330</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>FRIEDMAN RACHEL</b>	
STREET ADDRESS	<b>2601 SW 130 TER DR</b>	
CITY-ST-ZIP	<b>DAVIE FL 33330</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FRIEDMAN SHEPHERD</b>		
STREET ADDRESS	<b>2401 S.W. 131 TERRACE</b>		
CITY-ST-ZIP	<b>DAVIE FL 33325</b>		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FRIEDMAN RACHEL</b>		
STREET ADDRESS	<b>2401 S.W. 131 TERRACE</b>		
CITY-ST-ZIP	<b>DAVIE FL 33325</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: RACHEL FRIEDMAN**

D

**04/18/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)