

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S44216

1. Entity Name

STUFF-A-BAGEL OF CAPE CORAL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91409 012 ***150.00

Principal Place of Business

Mailing Address

3310 DEL PRADO BLVD
CAPE CORAL FL 33904

R & M ACCTG. & TAX SVC.. INC.
1316 S.E. 46TH LANE
CAPE CORAL FL 33904-8601
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0264864

Applied For

Not Applicable

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

MAZZARA, ANTHONY
1532 SW 53 LANE
CAPE CORAL FL 33914-7491

Name
CRAIG J. MAZZARA
Street Address (P.O. Box Number is Not Acceptable)
1532 SW 53 LANE
City
CAPE CORAL FL Zip Code
33914

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 *Craig Mazzara*
Signature, typed or printed name of registered agent and title if applicable

CRAIG J. MAZZARA
(NOTE: Registered Agent signature required when reinstating)

04/25/00
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	PTD	<input checked="" type="checkbox"/> Delete
NAME	MAZZARA, ANTHONY	
STREET ADDRESS	1532 SW 53RD LANE	
CITY-ST-ZIP	CAPE CORAL FL 33914-7491	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAZZARA, MARY A	
STREET ADDRESS	11 SUSAN COURT	
CITY-ST-ZIP	DEER PARK NY 11729	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAZZARA, CRAIG	
STREET ADDRESS	1532 SW 53 LANE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Craig Mazzara*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG MAZZARA

04/25/00 941-939-3322
Date Daytime Phone #

CR2E034 (9/99)