

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-05-2003 90058 029 ***150.00

DOCUMENT # S98627

1. Entity Name
SIAM BAGEL, INC.



Principal Place of Business
**1736-1738 79TH ST CSWY
MIAMI FL 33141**

Mailing Address
**2 SOUTH BISCAYNE BLVD. #2680
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address
1736-1738 79th St CSWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
N. Bay Village, FL

Zip

Country

Zip
33141

Country
USA

4. FEI Number
65-0321345

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRYN, MARK J.
ONE BISCAYNE TOWER, #2680
MIAMI FL 33131**

Name
The Law Offices of Craig M. Dorne, PA

Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Road PH SE

City
Miami Beach

FL

Zip Code
33139

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/17/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SATHIT, BOONYAVAIROJ
1736-1738 79TH STREET CAUSEWAY
MIAMI FL 33141** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Derald Berman, ~~Jerome~~ Jerome
1736-1738 79th Street CSWY
N. Bay Village, FL 33141** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03 305-8680161
Date Daytime Phone #

CR2E034 (10/02)