

# 2000 UNIFORM BUSINESS REPORT (UBR)

028413

**DOCUMENT # 311369**

1. Entity Name  
**STAR BAKERY, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 14 PM 2:33

Principal Place of Business <b>2300 CORAL WAY SUITE 200 MIAMI FL 33145</b>	Mailing Address <b>2300 CORAL WAY SUITE 200 MIAMI FL 33145-3511</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-1153560**  
Applied For  Not Applicable

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

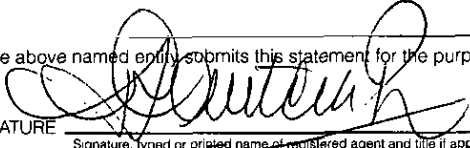
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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  **AMADA CANTERA LOPEZ, PRES.** **3/9/00**  
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  
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 <b>PD</b>	<input type="checkbox"/> Delete <b>SENDINA, MANUEL 8500 SW 2ND ST MIAMI FL</b>
TITLE <b>SD</b>	<input type="checkbox"/> Delete <b>SENDINA, ANA GLORIA 8500 SW 2ND ST MIAMI FL</b>
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>8000031748318-3 -03/17/00--01011--007 ****165.00 ****165.00</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ANA G. SENDINA, SEC.**

**3/28/2000**  
Date

Daytime Phone #

CR2E034 (9/99)