

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90063 011 ***150.00

DOCUMENT # H52669

Entity Name

LA SAILLES BAKERY INC.

Principal Place of Business

Mailing Address

SW 8TH ST
 FLOOR
 FL 33135-4124

3663 SW 8TH ST
 THIRD FLOOR
 MIAMI FL 33135-4133

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0375816

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLS, FELIPE A.
3663 SW 8TH ST
THIRD FLOOR
MIAMI FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD VALLS, FELIPE A., SR. 833 CORAL WAY CORAL GABLES FL <input checked="" type="checkbox"/> Delete <i>JR</i>	DIS VALLS, FELIPE A., SR. 833 CORAL WAY CORAL GABLES, FLORIDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DS VALLS, FELIPE A., JR. 3663 SW 8TH ST THIRD FLOOR MIAMI FL <input checked="" type="checkbox"/> Delete <i>SR</i>	PRESIDENT VALLS, FELIPE A., JR. 3663 S.W. 8TH ST, THIRD FLOOR MIAMI, FL 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Felipe A. Valls, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELIPE A VALLS, JR
PRESIDENT

2/2/2000 305-4464916

Date

Daytime Phone #

CR2E034 (9/99)