2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2002 8:00 am Secretary of State P00000044841 DOCUMENT # 1. Entity Name TATIANA BAKERY INC. 01-23-2002 90099 007 ***158.75 Principal Place of Business Mailing Address 9137 S.W. 167TH COURT 9137 S.W. 167TH COURT MIAMI FL 33196 **MIAMI FL 33196** incipal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1006063 Not Applicable Country Zip Country \$8.75 Additional 凶 5. Certificate of Status Desired 11M1-DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TABARES, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 9137 S.W. 167TH COURT MIAMI FL 33196 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition TABARES, FRANCISCO NAME NAME 9137 S.W. 167TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change ALMEYDA, RAMON NAME NAME 9137 S.W. 167TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete TITLE ☐ Change Addition TABARES, MARCIA NAME 9137 S.W. 167TH COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP :- / CITY-ST-ZIP

13.1 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 ar

SIGNATURE:

CR2E034 (9/01)