## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P00000102401

1. Entity Name

BREAD PARTNERS, INC.



## **FILED** Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90771 032 \*\*\*150.00

Principal Place of Business 777 NW 72ND AVE. SUITE #3K20 MIAMI FL 33126	Mailing Address 777 NW 72ND AVE. SUITE #3K20 MIAMI FL 33126	777 NW 72ND AVE. SUITE #3K20							
2. Principal Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	City & State	City & State		3,m .	4. FEI Number 65-7088237	Applied For Not Applicable			
Zip Country	Zip	Cou	untry		5. Certificate of Status Desired Fe	8.75 Additional ee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ZACZAC, GEORGI JR. 777 NW 72ND AVE. #3K20			Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33126			City	City FL Zip Code					
the obligations of registered agent.			ered office or re		d agent, or both, in the State of Florida. I am fai then reinstating)	miliar with, and accept			
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.			1.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE D	.E <b>D</b> Delete TITL		TLE			☐ Change ☐ Addition			

TITLE  NAME  STREET ADDRESS : CITY-ST-ZIP	u Zaczac, georgi jr 777 NW 72ND AVE. #3K20 Miami Fl 33126	∟ Delete	NAME STREET ADDRESS CITY-ST-ZIP			7.00(1,0)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAMÉ "STREET ADDRESS" CITY-ST-ZIP	te www	☐ Change	Addition
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TITLE		☐ Delete	TITLE NAME		☐ Change	☐ Addition

12. I hereby certify that the information supplied with his 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 appurate 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 employees that part 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, put a series like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP