

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90105 002 \*\*\*150.00

**DOCUMENT # P96000040840**

1. Entity Name  
**BREAD DISTRIBUTORS, INC.**

Principal Place of Business

5646 WELLESLEY PARK DR.  
 #305  
 BOCA RATON FL 33433

Mailing Address

5646 WELLESLEY PARK DR.  
 #305  
 BOCA RATON FL 33433-6766

2. Principal Place of Business

**2721 NW 74TH AVE.**  
 Suite, Apt. #, etc.

3. Mailing Address

**2721 NW 74TH AVE.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MARGATE FL**  
 Zip **33063** Country **USA**

City & State

**MARGATE FL**  
 Zip **33063** Country **USA**

4. FEI Number

**65-0671660**

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

**SHAPIRO, ANDY**  
~~5646 WELLESLEY DR.~~  
~~#305~~  
~~BOCA RATON FL 33433~~

Name

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

**2721 NW 74TH AVE.**

City

**MARGATE**

**FL**

Zip Code **33063**

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

**A. SHAPIRO, PRES. FEB 05 2000**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PDST</b>	<input type="checkbox"/> Delete
NAME	<b>SHAPIRO, ANDY</b>	
STREET ADDRESS	<del>5646 WELLESLEY PARK DR., #305</del>	
CITY-ST-ZIP	<del>BOCA RATON FL 33433</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2721 NW 74TH AVE.</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. SHAPIRO**

**FEB 05 2000**

Date

**954-255-8038**

Daytime Phone #

CR2E034 (9/99)