

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000054490**

1. Entity Name  
**JUST BAKED, INC.**

|   |    |   |    |
|---|----|---|----|
| Principal Place of Business<br>8888 SW 136TH ST<br>SUITE #280<br>MIAMI<br>33176<br>US | FL | Mailing Address<br>8888 SW 136TH ST<br>SUITE #280<br>MIAMI<br>33317<br>US | FL |
|---|----|---|----|

|                                |  |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address<br>8888 SW 136TH ST |
|--------------------------------|--|

|                     |                                   |
|---------------------|-----------------------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>SUITE #280 |
|---------------------|-----------------------------------|

|                       |    |
|-----------------------|----|
| City & State<br>MIAMI | FL |
|-----------------------|----|

|              |               |
|--------------|---------------|
| Zip<br>33176 | Country<br>US |
|--------------|---------------|

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>65-0685509</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

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

DO NOT WRITE IN THIS SPACE

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

**DARROW KENNETH F**  
**9200 SOUTH DADELAND BOULEVARD**  
**SUITE 412**  
**MIAMI**  
**33156**  
 US

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

|  |                    |
|--|--------------------|
| Name   |                    |
| Street Address (P.O. Box Number is Not Acceptable) |                    |
| City   | <b>FL</b> 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 \_\_\_\_\_ DATE **04/27/2001**  
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, 2001 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          | D                                 | <input type="checkbox"/> Delete |
| NAME           | <b>CALVO GERARDO</b>              |                                 |
| STREET ADDRESS | <b>8888 S.W. 136 STREET, #280</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33176</b>             |                                 |
| TITLE          | D                                 | <input type="checkbox"/> Delete |
| NAME           | <b>CALVO MARITZA</b>              |                                 |
| STREET ADDRESS | <b>8888 S.W. 136 STREET, #280</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33176</b>             |                                 |
| 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    |                                   |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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:** Gerardo Calvo **D** 04/27/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)