

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90096 005 \*\*\*150.00

**DOCUMENT # P96000067054**

1. Entity Name  
**TAI'S BAKERY INC.**

Principal Place of Business  
 C/O 10729 SW 104TH ST  
 MIAMI FL 33176  
 US

Mailing Address  
 C/O 10729 SW 104TH ST  
 MIAMI FL 33176  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1701 N.W. 7TH STREET**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1701 N.W. 7TH STREET**  
 Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33136**

Country  
**DADE**

Zip  
**33136**

Country  
**DADE**

4. FEI Number **65-0692160** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**SHUE, GARY T**  
**C/O 10729 SW 104TH ST**  
**MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City **FL** 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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHANG, COLIN</b>
STREET ADDRESS	<b>10729 SW 104TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHUE, GARY T</b>
STREET ADDRESS	<b>C/O 10729 SW 104TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHIN, GARY</b>
STREET ADDRESS	<b>10729 SW 104TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHUNG, WARREN</b>
STREET ADDRESS	<b>10729 SW 104TH ST</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	

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:** SIGNATURE REQUIRED **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 7/10/2000 Daytime Phone #: 305 324-9955

CR2E034 (5/00)