## 2000 UNIFORM BUSINESS REPORT (UBR)

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## **FILED** DOCUMENT # **P97000034376** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** B & Y BAKERY, INC. 03-01-2000 90100 038 \*\*\*150.00 Mailing Address Principal Place of Business 1551 SOUTHWEST 27TH AVE. 1551 SOUTHWEST 27TH AVE. MIAMI FL 33145-2042 MIAMI FL 33145 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE ---Suite,-Apt::#;-etc:-Stille, Apt. #, etc. Applied Far 4. FEI Number City & State City & State 65-0744658 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, BARBARA M Street Address (P.O. Box Number is Not Acceptable) 1551 SOUTHWEST 27TH AVE. **MIAMI FL 33145** Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE PEREZ. BARBARA M NAME 1551 SOUTHWEST 27TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 TITLE Change ☐ Addition ☐ Delete PEREZ, YAZMIN NAME NAME 1551 SOUTHWEST 27TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP MIAMI FL 33145 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete .... Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

NAME OF SIGNING OFFICER OR DIRECTOR

JAN 0 7 2000