

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90011 038 ***150.00

DOCUMENT # P98000042850

1. Entity Name
L'EXCELLENCE BAKERY, INC.

R

Principal Place of Business Mailing Address
 6180 S.W. 8 STREET 6180 S.W. 8 STREET
 MIAMI FL 33134 MIAMI FL 33134
 US US

2. Principal Place of Business 3. Mailing Address
6180 SW 8 ST *6180 SW 8 ST*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FLA *Miami, FLA*
 Zip Country Zip Country
33144 *EOA* *33144* *EOA*

4. FEI Number Applied For
65-0839379 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, REYNOLD
6180 S.W. 8 STREET
MIAMI FL 33144

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 *Reynold Stewart* DATE *7/7/2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	STEWART, REYNOLD
STREET ADDRESS	6180 S.W. 8 STREET
CITY-ST-ZIP	MIAMI FL 33144
TITLE	D <input type="checkbox"/> Delete
NAME	PEREIRA, MAYTE
STREET ADDRESS	6180 S.W. 8 STREET
CITY-ST-ZIP	MIAMI FL 33144
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Reynold Stewart* DATE: *7/7/2000* DAYTIME PHONE #: *(305) 2697000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)