

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90299 014 \*\*\*150.00

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**DOCUMENT # P98000042850**

1. Entity Name  
**L'EXCELLENCE BAKERY, INC.**

Principal Place of Business <b>6180 S.W. 8 STREET          MIAMI FL 33144          US</b>	Mailing Address <b>6180 S.W. 8 STREET          MIAMI FL 33144          US</b>
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2. Principal Place of Business <b>6180 SW 8ST</b>	3. Mailing Address <b>6180 SW 8ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Fla</b>	City & State <b>Miami Fla</b>	4. FEI Number <b>65-0839379</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33144</b>	Country <b>USA</b>	Zip <b>33144</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>STEWART, REYNOLD          6180 S.W. 8 STREET          MIAMI FL 33144</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above named entity certifies 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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEWART, REYNOLD</b> <b>6180 S.W. 8 STREET</b> <b>MIAMI FL 33144</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEREIRA, MAYTE</b> <b>6180 S.W. 8 STREET</b> <b>MIAMI FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information indicated on this report or supplement of the corporation or the recipient of this 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 recipient of 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 thereto, with all other information as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment thereto, with all other information as required by Chapter 607, Florida Statutes.

**SIGNATURE:** **SIGNATURE**  
 \_\_\_\_\_ **PRINTED OR BRANDED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: **4/15/01** Daytime Phone #: **(305) 269-7000**

CR2E034 (10/00)