

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90284 049 ***150.00

DOCUMENT # P98000042850

1. Entity Name
L'EXCELLENCE BAKERY, INC.

Principal Place of Business 6180 S.W. 8 STREET MIAMI FL 33144 US	Mailing Address 6180 S.W. 8 STREET MIAMI FL 33144 US
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2. Principal Place of Business 6180 SW 8 ST Suite, Apt. #, etc.	3. Mailing Address 6180 SW 8 ST Suite, Apt. #, etc.
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City & State MIAMI Fla	City & State Miami Fla
Zip 33144 Country USA	Zip 33144 Country USA

4. FEI Number **65-0839379** Applied For
 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
~~STEWART, REYNOLD~~
**6180 S.W. 8 STREET
 MIAMI FL 33144**

7. Name and Address of New Registered Agent
 Name **MAYTE PEREIRA**
 Street Address (P.O. Box Number is Not Acceptable)
6180 SW 8 ST
 City **Miami Fla FL** Zip Code **33144**

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 **MAYTE PEREIRA** DATE **02/20/02**
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 \$150.00
After May 1, 2002 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D PEREIRA, MAYTE	6180 S.W. 8 STREET	MIAMI FL 33144				

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: **MAYTE PEREIRA** DATE **02/20/02** (305) 269-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)