

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040840

1. Entity Name

BREAD DISTRIBUTORS, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90105 002 \*\*\*150.00

Principal Place of Business

Mailing Address

5646 WELLESLEY PARK DR.  
#305  
BOCA RATON FL 33433

5646 WELLESLEY PARK DR.  
#305  
BOCA RATON FL 33433-6766

2. Principal Place of Business

3. Mailing Address

2721 NW 74TH AVE.  
Suite, Apt. #, etc.

2721 NW 74TH AVE.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MARGATE FL  
Zip 33063 Country USA

City & State

MARGATE FL  
Zip 33063 Country USA

4. FEI Number

65-0671660

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO, ANDY

~~5646 WELLESLEY DR.~~

~~#305~~

~~BOCA RATON FL 33433~~

Name

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

2721 NW 74TH AVE.

City

MARGATE

FL

Zip Code 33063

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

*[Signature]*

A. SHAPIRO, PRES. FEB 05 2000

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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          | PDST                                     | <input type="checkbox"/> Delete |
| NAME           | SHAPIRO, ANDY                            |                                 |
| STREET ADDRESS | <del>5646 WELLESLEY PARK DR., #305</del> |                                 |
| CITY-ST-ZIP    | <del>BOCA RATON FL 33433</del>           |                                 |
| 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"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |                   |  |
|----------------|-------------------|--|
| TITLE          |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                   |  |
| STREET ADDRESS | 2721 NW 74TH AVE. |  |
| CITY-ST-ZIP    | MARGATE FL 33063  |  |
| 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. SHAPIRO

FEB 05 2000

Date

954-255-8038

Daytime Phone #

CR2E034 (9/99)