

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90066 036 ***150.00

DOCUMENT # P00000047145

1. Entity Name
PARIS CAFE INTERNATIONAL BAKERY, INC.

Principal Place of Business
20449 STATE RD 7 BAY A-9
BOCA RATON FL 33498

Mailing Address
20449 STATE RD 7 BAY A-9
BOCA RATON FL 33498



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 E. Sample Rd
 Suite, Apt. #, etc.
Suite 320

3. Mailing Address
100 E. Sample Rd
 Suite, Apt. #, etc.
Suite 320

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

4. FEI Number **65-1012091**

Applied For
 Not Applicable

Zip
FL 33064

Country
BROWARD

Zip
FL 33064

Country
BROWARD

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

LEDESMA, JOEL
20449 STATE RD 7 BAY A-9
BOCA RATON FL 33498

Name
Desarrollos Multiples USA

Street Address (P.O. Box Number is Not Acceptable)
100 E. Sample Rd Suite 320

City **Pompano Beach** **FL** Zip Code **33064**

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, 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, 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 ☐ Delete
 NAME **P LEDESMA, JOEL**
 STREET ADDRESS **20449 STATE RD 7 BAY A-9**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☒ Change ☐ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **JOEL LEDESMA**
 CITY-ST-ZIP **100 E. Sample Rd Suite 320**
Pompano Beach FL 33064

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **JENNY HERNANDEZ**
 CITY-ST-ZIP **100 E. Sample Rd Suite 320**
Pompano Beach FL 33064

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **AKBAR HERNANDEZ**
 CITY-ST-ZIP **100 E. Sample Rd Suite 320**
Pompano Beach, FL 33064

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25, 2002

Date

(954) 783-7878

Daytime Phone #

CR2E034 (9/01)