

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90060 037 ***150.00

DOCUMENT # P 000000089580

1. Entity Name

ARTHUR'S Bakery Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3732 W 12 Ave

3. Mailing Address

10720 SW 77 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FLA

City & State

Miami

4. FEI Number

65-1044865

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33136

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

IGUARAN, Ricardo E

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

10720 SW 77 Ave

City

Miami

FL

Zip Code

33156

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

3/14/02

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IGUARAN Ricardo E. 10720 SW 77 Ave Miami FLA 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAMOS, ANA JULIETA 10720 SW 77 Ave Miami FLA 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

305-887-4185

Daytime Phone #

CR2E034B (12/01)