2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 08:00 AM DOCUMENT # 157844 1. Entity Name **Secretary of State** A & P BAKERY SUPPLY & EQUIPMENT CO. Principal Place of Business Mailing Address 3590 N W 60 STREET 3590 N W 60 STREET MIAMI FLA MIAMI FLA 33142 33142 2. Principal Place of Business 3. Mailing Address 3590 N W 60 STREET 3590 N W 60 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI FL MIAMI FL 59-0596088 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 33142 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENFIELD GREENFIELD JOHN 11601 BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) 555 NE 15TH STREET N. MIAMI SUITE 100 33161 City Zip Code 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. 04/28/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE ☐ Detete X Change ☐ Addition LOUIS LOUIS GREENFIELD В NAME GREENFIELD STREET ADDRESS 3590 N.W. 60 STREET STREET ADDRESS 3590 N.W. 60 STREET CITY-ST-ZIP MIAMI \mathbf{FL} CITY-ST-ZIP MIAMI 33142 TITLE ☐ Delete VSD TITLE X Change ☐ Addition NAME NAME GREENFIELD GREENFIELD JOHN м **JOHN** M STREET ADDRESS 3590 N.W. 60 STREET STREET ACCRESS 3590 N.W. 60 STREET CITY-ST-ZIF MIAMI FI. CITY-ST-7IP MIAMI FT. 33142 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

CIONATURE. IOUN CREMEIRI D

VCD 04/29/20

FILED