2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 373197** Mar 25, 2000 8:00 am 1. Entity Name Secretary of State A.B.C. BAKERIES SUPPLIES AND EQUIPMENT, INC 03-25-2000 90010 040 ***150.00 Mailing Address Principal Place of Business 7200 NW 1ST AVE 7200 NW 1ST AVE MIAMI FL 33150-3757 MIAMI FL 33150 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1385511 Not Applicable **\$8.75** Additional Country Zio Country 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGUILAR, ISRAEL A. Street Address (P.O. Box Number is Not Acceptable) 6143 S.W. 114TH COURT MIAMI FL 33173 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. d agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed nan FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees North Congr<mark>ig</mark> Domi (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD TITLE De'ete TITLE AGUILAR, ISRAEL A. NAME NAME 6143 S.W. 114TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change 🖊 De ete TITLE TITLE AGUILAR, AMERICA NAME NAME STREET ADDRESS 5451 S.W. 70TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI.FL. Change Addition De'ete TAMBINI ANA T. 6800 S.W. 63 Street Migmi, FL 33143 TITLE TITLE TAMBINI, ANAT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE GISPERT, JOSE M. NAME NAME STREET ADDRESS 11459 S.W. 60TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition Change ☐ De!ete TIT1 F TITLE GISPERT, AMERICA NAME NAME 11459S.W. 60TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #