

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90007 033 ***150.00

DOCUMENT # 382330
 1. Entity Name
PASTRY LANE, INC.

Principal Place of Business Mailing Address
1688-92 N.E. 164TH ST. N MIAMI BCH FL 33162 **1688-92 N.E. 164TH ST. N MIAMI BCH FL 33162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1692 NE 164th ST** Suite, Apt. #, etc.
 3. Mailing Address **1692 NE 164th ST** Suite, Apt. #, etc.

City & State **N MIAMI BCH, FL** City & State **N MIAMI BCH, FL**
 Zip **33162** Country **USA** Zip **33162** Country **USA**

4. FEI Number **59-1352013** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BLOCK, STEVEN
1688 N.E. 164ST
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
 Name **BLOCK, STEVEN**
 Street Address (P.O. Box Number is Not Acceptable) **1692 NE 164th ST.**
 City **N. MIAMI BCH** FL Zip Code **33162**

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]* DATE **4/23/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLOCK, STEVEN	
STREET ADDRESS	1688 N.E. 164TH ST.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLOCK, RONNIE	
STREET ADDRESS	1688 N.E. 164TH ST.	
CITY-ST-ZIP	MIAMI BEACH FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1692 NE 164th ST	
CITY-ST-ZIP	N MIAMI BCH, FL 33162	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1692 NE 164th ST	
CITY-ST-ZIP	N. MIAMI BCH, FL 33162	
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]* DATE **4/23/02** DAYTIME PHONE # **(305) 493-3332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)