

2001 UNIFORM BUSINESS REPORT (UBR)

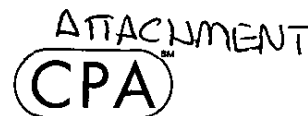
FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90195 006 ***150.00

DOCUMENT # 498298			
1. Entity Name <i>Antraniks Bakery, INC</i>			
Principal Place of Business <i>5710 East Fowler Tampa, FL 33617</i>		Mailing Address <i>5710 East Fowler Tampa, FL 33617</i>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <i>59-1056874</i>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <i>Barsoumian, Antranik 5710 E. Fowler Ave. Tampa, FL 33617</i>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Barsoumian, Antranik 5006 E Liberty St. Tampa, FL</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD Zein, Isgouhi 5142 White Way Dr. Tampa, FL</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD Avedikian, Arpine Z. 5304 Mary Court 208 Tampa, FL</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD Barsoumian, John K. 5710 E Fowler Ave. Tampa, FL 33617</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: <i>7-27-01</i>	Business Phone #: <i>813-988-5737</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Business Phone #</small>

CR2E034 (11/00)

GIUNTA, FERLITA & WALSH, P.A.
CERTIFIED PUBLIC ACCOUNTANTS



The CPA. Never Underestimate The Value.™

SAM A. GIUNTA, C.P.A. (Retired)
SAM S. FERLITA, C.P.A.
VINCENT E. WALSH, C.P.A.
FROMENT JOHN GONZALEZ, III, C.P.A.

MEMBERS:
AMERICAN INSTITUTE OF C.P.A.'S
S.E.C. AND PRIVATE COMPANIES
PRACTICE SECTIONS
FLORIDA INSTITUTE OF C.P.A.'S

DOC # 498298
Boulevard

July 27, 2001

Division of Corporations
Uniform Business Report Filings
PO box 1500
Tallahassee, Florida 32302-1500

RE: Antranik's Bakery, Inc.
2001 Annual Report

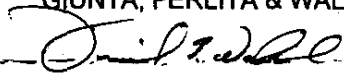
The above referenced taxpayer has requested our assistance in connection with their 2001 Annual Report.

During our routine performance of providing services to the Company, we realized the Company had not filed their Annual Report. Upon inquiry, the client informed us they did not receive their pre-printed report from the State.

We did experience a number of other clients who had this same occurrence. Based on these circumstances, the Company request you abate the penalty for late filing and accept the enclosed report as timely filed.

Thank you for your cooperation with this matter.

Sincerely yours,
GIUNTA, FERLITA & WALSH, PA


Vincent E. Walsh, CPA