

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90071 036 ***150.00

DOCUMENT # 541429

1. Entity Name

THREE STAR BAKERY, INC.

Principal Place of Business

Mailing Address

10670 SW 186TH LN
 MARLIN ROAD TRADE CENTER
 MIAMI FL 33157
 US

10670 SW 186 LN
 MARLIN ROAD TRADE CENTER
 MIAMI FL 33157
 US

2. Principal Place of Business

3. Mailing Address

SAME
 Suite, Apt. #, etc.

SAME
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1772670**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BURTON, GERALD A.
18667 SW 107TH AVE.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name **Hammond, Richard S**
 Street Address (P.O. Box Number is Not Acceptable) **9831 SW BOSQUE LANE**
 City **MIRAMAR** FL Zip Code **33026**

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

Wayne A Hammond
WAYNE A HAMMOND
1-16-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
 NAME **BURTON, GERALD A.**
 STREET ADDRESS **17830 S.W. 83RD AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **Hammond, Richard S**
 STREET ADDRESS **9831 BOSQUE LN.**
 CITY-ST-ZIP **MIRAMAR FL 33026**

TITLE **VSD** ☒ Delete
 NAME **BURTON, ZELLIE**
 STREET ADDRESS **17830 S.W. 83RD AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VSD** ☒ Change ☐ Addition
 NAME **Hammond, Wayne A**
 STREET ADDRESS **631 SW 111th #101**
 CITY-ST-ZIP **MIAMI FL 33026**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wayne A Hammond
1-16-01
954 583 3554

CR2E034 (10/00)