## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 542424** Apr 21, 2000 8:00 am Secretary of State FLOWERS BAKING CO. OF MIAMI, INC. 04-21-2000 90033 022 \*\*\*150.00 Mailing Address Principal Place of Business 17800 N. W. MIAMI COURT, N. DADE 17800 N. W. MIAMI COURT, N. DADE MIAMI FL 33169-5017 MIAMI FL 33169 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 59-1758784 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS STD TITLE くてり Addition TITLE Delete TIDWILL Tom WYLE, DIANE NAME NAME 17 POO NW Miami ( STREET ADDRESS STREET ADDRESS 17800 NW MIAMI CT CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33169** ☐ Change **X** Addition Delete TITLE VARNEDOE, HEETH III NAME STREET ADDRESS **US HIGHWAY 19 SOUTH** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THOMASVILLE GA Change ☐ Addition TITLE ☐ Delete TITLE WHITE, CRAIG NAME NAME 17800 NW MIAMI CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33169** CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete DELEU, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 17800 NW MIAMI CT CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33169 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR