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2001 UNIFORM BUSINESS REPORT (UBR)

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Feb 26, 2001 8:00 am DOCUMENT # 588602 **Secretary of State** 1. Entity Name CASINO BAKERY, INC. 02-26-2001 90545 016 ***150.00 Principal Place of Business Mailing Address 2726 36TH STREET P.O. BOX 5828 C0024735 TAMPA FL 33605 TAMPA FL 33605 2. Principal Place of Business 3. Mailing Address PO-BOX 5826 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1849497 AMPH Not Applicable "Country" ^eCountry \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANCHEZ, LOUIS, JR. Street Address (P.O. Box Number is Not Acceptable) **2726 36TH STREET** TAMPA FL 33605 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Detete TITLE SANCHEZ, LOUIS III SANCHEZ LOUIS I NAME NAME 509 DAKHURST DE STREET ADDRESS STREET ADDRESS 509 OAKHURST DR. CITY-ST-ZIP BRANDON, FI 3351, CITY - ST - 7IP **BRANDON FL Change** ☐ Addition TITLE ☐ Delete TITLE SANCHEZ LOUIS, JR SANCHEZ, LOUIS, JR. NAME NAME 509 DAKHYRST DR STREET ADDRESS STREET ADDRESS 509 OAKHURST DR. CITY-ST-7IP> CITY-ST-ZIP *--BRANDON; F) 3351/=~ BRANDON FL Change Addition TITLE ☐ Delete TITLE 3204 W. Clipton GOAN, IRIS TERES NAME NAME STREET ADDRESS STREET ADDRESS 3204 W CLIFTON ST CITY-ST-ZIP 336 CITY-ST-ZIP TAMPA FL ☐ Delete Change Addition TITLE -TITLE-NAME GARCIA, LORI NAME STREET ADDRESS STREET ADDRESS 28 Alpine LAKE De. 1228 ALPINE LAKE DR CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** ☐ Addition TITLE ☐ Delete TITLE Change NAME ROARK, AMY NAME STREET ADDRESS STREET ADDRESS 509 OAK HURST DR CITY-ST-ZIP CITY-ST-ZIP BRANDON FL ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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