## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # F45845** 1. Entity Name EAST BALT. BAKERY OF FLORIDA, INC. 05-01-2001 90054 031 \*\*\*150.00 Principal Place of Business Mailing Address 801 WEST 31ST STREET 1801 WEST 31ST STREET CHICAGO IL 60608 CHICAGO IL 60608 754359 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3184006 Not Applicable Zip Country Country \$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 Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code F 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CD ☐ Delete TITLE TITLE Change \_\_\_ Addition KUCHURIS, FRANK L NAME NAME 1801 WEST 31ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP CHICAGO IL ☐ Delete ☐ Change ☐ Addition TITLE TITLE PETENES, JOHN NAME NAME 1801 WEST 31ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P CHICAGO IL TiTLE ☐ Delete TITLE ☐ Change Addition BOROWSKI, JOHN T. NAME NAME STREET ADDRESS 1801 W. 31ST PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL TITLE Delete BUE ☐ Change □ Addition PAVISH, SUSAN NAME MAME STREET ADDRESS 1801 WEST 31ST STREET STREET ADDRESS OTTY-ST-ZIP CUTY-ST-ZIP CHICAGO IL TITLE ☐ Delete TITLE Change Addition HOMER, RICHARD NAME NAME 203 NORTH LASALLE STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7IP CHICAGO IL TITLE ☐ Delete TITLE Change Apolition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P Susan E. Pavish 4/20/01