2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # **F76717** Mar 16, 2000 8:00 am 1. Entity Name **Secretary of State** RUYAMA BAKERIES, INC. 03-16-2000 90081 017 ***150.00 Mailing Address Principal Place of Business % RUBEN YANIZ % RUBEN YANIZ 8281 SW 124TH STREET 8281 SW 124TH STREET MIAMI FL 33156-5957 MIAMI FL 33156-5957 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 59-2197053 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YANIZ RUBEN Street Address (P.O. Box Number is Not Acceptable) 8281 SW 124TH STREET MIAMI FL Zip Code FL 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. DATE (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 OFFICERS AND DIRECTORS 11. Addition X Delete TITLE TITLE Rene F. Yaniz YANIZ, RUBEN NAME 13401 S.W. 82 Avenue STREET ADDRESS 16850 SW 192 STREET STREET ADDRESS Miami, FL 33156 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL VP D X Addition ☐ Change STD **X** Delete TITLE TITLE YANIZ, MARIA V NAME NAME Ruben Yaniz, Jr. STREET ADDRESS 16850 SW 192 STREET STREET ADDRESS 16850 S.W. 192 Street CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Miami, FL 33187 ☐ Change Addition Delete TITI F TITLE STD NAME NAME Denise C. Yaniz STREET ADDRESS STREET ADDRESS 16850 S.W. 192 Street CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33187 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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. 3/13/00

(305)235-5575

Date

Daytime Phone #