

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/

FILED

Aug 29, 2000 8:00 am  
Secretary of State

07-25-2000 90099 016 \*\*\*550.00

DOCUMENT # F99000000884

1. Entity Name

A/P PURATOS BAKERY SUPPLY LTD., INC.

Principal Place of Business

1941 OLD CUTHBERT RD.  
CHERRY HILL NJ 08034

Mailing Address

1941 OLD CUTHBERT RD.  
CHERRY HILL NJ 08034

2. Principal Place of Business

3590 NW 60TH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

22-363 8188

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, STEVEN J ESQ.  
5701 NORTH PIN E ISLAND RD., STE. 320  
FT. LAUDERDALE FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE	D	<input type="checkbox"/> Delete
NAME	DERIERMAEKER, PETER	
STREET ADDRESS	1941 OLD CUTHBERT RD.	
CITY-ST-ZIP	CHERRY HILL NJ 08034	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLINGTON, DENIS	
STREET ADDRESS	1941 OLD CUTHBERT RD.	
CITY-ST-ZIP	CHERRY HILL NJ 08034	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	BALDASSARE, JOSEPH	
STREET ADDRESS	1941 OLD CUTHBERT RD.	
CITY-ST-ZIP	CHERRY HILL, NJ 08034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOSEPH BALDASSARE

A. BALDASSARE

7/11/00

856-428-4300

Daytime Phone # X2006