2000 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2000 8:00 a1 **DOCUMENT # G44740 Secretary of State** 1. Entity Name TOUFAYAN BAKERY OF FLORIDA, INC. 02-07-2000 90081 039 ***150.00 Principal Place of Business Mailing Address % HARRY TOUFAYAN % HARRY TOUFAYAN 3826 BRYN MAWR STREET 3826 BRYN MAWR STREET B0015382 ORLANDO FL 32808 ORLANDO FL 32808-4608 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 59-2295770 Not Country Country \$8.75 Additiona 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOUFAYAN, HARRY Street Address (P.O. Box Number is Not Acceptable) 3826 BRYN MAWR STREET ORLANDO FL 32808 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 .. Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to F (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE ☐ Delete Change TOUFAYAN, HARRY NAME 3826 BRYN MAWR STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL CITY-ST-ZIP ☐ Oelete Change TITLE TOUFAYAN, GREGORY NAME NAME 3826 BRYN MAWR ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 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 signature. SIGNATURE:

AND TYPED OR PE