

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90058 049 ***150.00

DOCUMENT # H80232

1. Entity Name

TULIPAN BAKERY, INC.

Principal Place of Business

Mailing Address

% JOSE J. ALLIONE
 704 BELVEDERE RD
 WEST PALM BCH FL 33405-1108

% JOSE J. ALLIONE
 704 BELVEDERE RD
 WEST PALM BCH FL 33405-1108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2599573

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLIONE, JOSE J.
704 BELVEDERE RD
WEST PALM BCH FL

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD

ALLIONE, JOSE J.
23-87 GABRIEL LN
W PALM BEACH FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S

ALLIONE, CYNTHIA
2387 GABRIEL LANE
WEST PALM BEACH FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VP

ALLIONE, STELLA
2387 GABRIEL LANE
WEST PALM BEACH FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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 CITY-ST-ZIP

Change Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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:

Jose Allione
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose Allione 1/16/00