

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K83294

1. Entity Name

ZEN BAKERY OF FLORIDA, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90047 017 ***150.00

Principal Place of Business

Mailing Address

1110 BRICKELL AV
PH ONE
MIAMI FL 33131
US

1110 BRICKELL AV
PH ONE
MIAMI FL 33131-3139
US

C0079011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

370 Minorca Ave.
Suite Apt. #, etc.
Suite 6

370 Minorca Ave.
Suite Apt. #, etc.
Suite 6

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number 65-0118020

Applied For
Not Applicable

Zip Country
33134 USA

Zip Country
33134 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COE, DIANA M.
7384 S.W. 40TH STREET
MIAMI FL 33155

Name
COE, DIANA M.
Street Address (P.O. Box Number is Not Acceptable)
1546 Catalonia Ave.
Coral Gables
City
Coral Gables FL Zip Code
33134

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

Diana M. Coe, President Zen Bakery

4-20-00

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	DPT COE, DIANA M 1110 BRICKELL AVE MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DELORENZO, KATHLEEN 1110 BRICKELL AVE MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Coe, Diana M. 1546 Catalonia Ave. Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DeLorenzo, Kathleen 100 Edgewater Drive Coral Gables, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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:

Diana M. Coe

4-20-00

305-667-8002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #