

2001 UNIFORM BUSINESS REPORT (UBR)

001068 AF

DOCUMENT # L00000011075

1. Entity Name
THE BAKER'S SANDWICH L.C.

FILED

01 APR -2 AM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
8353 WEST FLAGLER ST. 11444 NORTHWEST 50 TERRACE
MIAMI FL 33144 MIAMI FL 33178

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 65-1038987 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Solla, MARIO
Street Address (P.O. Box Number is Not Acceptable)
8353 W. Flagler St.
City Miami FL Zip Code 33144

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 *Mario Solla* - Director DATE 3-26-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Director/Manager
NAME Solla, Mario
STREET ADDRESS 8353 W. Flagler St.
CITY-ST-ZIP Miami FL 33144 ☐ Delete

TITLE
NAME 000003932530-4
STREET ADDRESS -04/11/01--01097--009
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE Director/Manager
NAME Guillamon, Carlos
STREET ADDRESS 8353 W. Flagler St.
CITY-ST-ZIP Miami FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mario Solla* (MARIO SOLLA) OPERATING MANAGER DATE 02/21/01 1:50 PM 305-513-9613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)