

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90083 032 \*\*\*\*55.00

**DOCUMENT # L01000001544**

1. Entity Name

**KING DAVID BAKERY & MORE, L.L.C.**

Principal Place of Business

**11762 NORTH KENDALL, STE. 115  
 MIAMI FL 33186**

Mailing Address

**11762 NORTH KENDALL, STE. 115  
 MIAMI FL 33186**

2. Principal Place of Business

**19830 WEST DIXIE HWY**  
 Suite, Apt. #, etc.

3. Mailing Address

**19830 WEST DIXIE HWY**  
 Suite, Apt. #, etc.

City & State

**AVENTURA, FL.**

City & State

**AVENTURA**

Zip **33180**

Country **USA**

Zip **33180**

Country **USA**

4. FEI Number

**65-1071017**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**CARMEN TORRES**

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

**16181 SW 73 ST.**

City

**MIAMI**

FL

Zip Code

**33193**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/14/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **DE SOCARRAZ, ELIZABETH**  
 STREET ADDRESS **11762 NORTH KENDALL, STE. 115**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition  
 NAME **COHEN EDDIE**  
 STREET ADDRESS **19830 WEST DIXIE HWY**  
 CITY-ST-ZIP **AVENTURA, FL 33180**

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

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

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

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:

*Eddie Cohen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**01/14/02 (805) 935 1140**

CR2E083 (9/01)