

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008431

1. Entity Name

OLE WHOLESAL BAKERY LLC

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90159 038 ****50.00

Principal Place of Business

4095 BONITA AVE
MIAMI FL 33133

Mailing Address

4095 BONITA AVE
MIAMI FL 33133

2. Principal Place of Business

7720 Commercial Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

Zip

Country

33351

Country

US

4. FEI Number

65-1108919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERVERA, JAIME
4095 BONITA AVE
MIAMI FL 33133

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
MICHEL STAFFER
10 EDGEWATER DR # 9F
CORAL GABLES, FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
JAIME CERVERA
4095 BONITA AVE
MIAMI, FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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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:

SIGNATURE REQUIRED JAIME CERVERA

4/8/02

954-746-6645

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

Date

Daytime Phone #

CR2E083 (9/01)