2001 UNIFORM BUSINESS REPORT (UBR)

| DÖÇÜMENT # L9900006144 1. Entity Name JO ANNA'S BAKE HOUSE, L.L.C. | | | | FILED OI JUNII PM 4:49 |
|---|---|--|---|--|
| | | | | CECRETARY OF STATE |
| Principal Place of Business 5860 S.W. 117TH STREET CORAL GABLES FL 33156 Mailing Address 5860 S.W. 117TH STREET CORAL GABLES FL 33156 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Principal Place of Business 3. Mailing Address | | | | |
| | | Suite, Apt. #, etc. | - | DO MOT WEITE IN THIS SPACE ARE EAS |
| • | | . | | DO NOT WRITE IN THIS SPACE |
| City & State City & S | | City & State | | 4. FEI Number APPLIED FOR Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired 5.00 Additional Fee Required |
| o terror care | 6. Name and Address of Current R | | | 7. Name and Address of New Registered Agent |
| LEDERMAN, ALAN | | | Name | • |
| 5860 S.W. 117TH STREET | | | Street Address | s (P.O. Box Number is Not Acceptable) |
| CORAL GABLES FL 33156 | | | | |
| | • | | 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. | MANAGING MEMBER | RS/MEMBERS | 10. | ADDITIONS/CHANGES |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEDERMAN, ALAN 5860 SW 117TH STREET CORAL GABLES FL | Delete 65-0951312 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY_ST-ZIP | Andrew Company | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition Society Society Change Addition Society Soci |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ****150.00 © ********************************* |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | v. | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| 11. I hereby of indicated | certify that the information supplied with the on this report is trye and accurate and to | nis filing does not qualify for t at my signature shall have th | he exemption stated in S e same legal effect as if | Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the |