2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -8 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003852 AF

DOCUMENT # L99000006575

1. Entity Name

HIGH-TECH BAKERY PRODUCTS, LLC

Principal Place of Business	Mailing Address
1390 SOUTH DIXIE HWY. STE 1108 CORAL GABLES FL 33146	1390 SOUTH DIXIE HWY. STE 1108 CORAL GABLES FL 33146-2936

DO NOT WRITE IN THIS SPACE

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 ☑ 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
JOYCE, MICHAEL G 1390 SOUTH DIXIE HWY, STE 1108 CORAL GABLES FL 33146	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

9. MANAGING MEMBERS / MEMBERS			10. LEO BARAGE ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER Raymond Hernandez Barcelona, Spain	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leo Barake, President MGMR 3241 S.W. 168 Ct Miami Fla. 33157	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joan Baluja JOAN BALUFO Barcelona Spain	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSE MIRO Barcelona, Spain	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL JOYCE 1390 South Dixie Highway Suite 1108 Coral Gables, Florida 33146	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800003298158--3 -06/21/00--01007--005 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

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 10 March 2000 305-662-8481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #