Daytime Phone #

Date

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATI

DOCUMENT # L9900007338 1. Entity Name To Lend YORK BAKERY, L.L.C.				OO JUN -5 PM 4: 04 SECRETARY OF STATE THILLAHASSEE, FLORIDA
2. Principal Place of Business 3. Mailing Address				THE STATE OF THE PROOF OF THE P
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zíp	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
50111111		PTO OD4 D4	Name	
RON WARNER WARNER AND ASSOCIATES, CPA, P.A 1897 PALM BEACH LAKES BLVD., SUITE 226			Street Addre	ess (P.O. Box Number is Not Acceptable)
WEST PAI	LM BEACH FL 33409		City	FL Zip Code
				gistered agent, or both, in the State of Florida.
9	MGRM GREENBERG, JON P.O. BOX 223113		ayable to Departmer 10. TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES Change Addition
CITY-ST-ZIP	WEST PALM BEACH FL 3342	2	CITY-ST-ZIP	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TIYLE NAME STREET ADDRESS CITY-ST-ZIP	- Change - Addition
TITLE " NAME STBEET ADDRESS GITY-ST-ZIP	man ar agent. The state of	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		Delete	TIYLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS		☐ Detate	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-81-ZIP TITLE HAME STREET ADDRESS CITY-81-ZIP	-	□ Delete	CITY-\$T-ZIP TITLE MAME STREET ADDRESS CITY-\$T-ZIP	Change Addition
11. I hereby of	Lettify that the information supplied on this report is true and accurate bility company or the receiver of the	and that my signature shall have	or the exemption stated in the same legal effect as	in Section 119.07(3)(i), Florida Statutes. I further certify that the information is if made under oath; that I am a managing member or manager of the Chapter 608, Florida Statutes.