

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90057 036 ***550.00

DOCUMENT # M18228

1. Entity Name
LA DICHOSA BAKERY, INC.

Principal Place of Business LAWICHOSA BAKERY, INC. 1206 WHITE ST KEY WEST FL 33040 US	Mailing Address PO BOX 1253 KEY WEST FL 33041-1253 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business LA DICHOSA BAKERY, INC.	3. Mailing Address
Suite, Apt. #, etc. 1206 White ST.	Suite, Apt. #, etc.
City & State KEY WEST, FL	City & State
Zip 33040	Country US

4. FEI Number 59-2756386	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FABRE, FRANK R.S.
717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES FL 33134

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JESUS	
STREET ADDRESS	1206 WHITE STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRANCO, FAUSTINO	
STREET ADDRESS	1206 WHITE STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FABRE, FRANK R. S.	
STREET ADDRESS	717 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: JESUS RODRIGUEZ **JESUS RODRIGUEZ** **4-29-00** **305-296-6188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)