## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2000 8:00 am Secretary of State DOCUMENT-# M37443-1. Entity Name LA PRINCIERE FRENCH BAKERY CAFE, II. INC. 05-02-2000 90075 015 \*\*\*150.00 Mailing Address Principal Place of Business 6150, W. OAKLAND PARK BLVD. P.O. BOX 161 HALLANDALE FL 33008-0161 SUNRISE FL 33313 650715 · 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2760907 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WAKNINE, SIMON Street Address (P.O. Box Number is Not Acceptable) 6150 W. OAKLAND PARK BLVD. SUNRISE FL 33313 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE:NOW!!! FEE IS \$150.00 ... 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition Change PD ☐ Delete TITLE TITLE NAME NAMÉ WAKNINE, SIMON STREET ADDRESS STREET ADDRESS 6150 W. OAKLAND PARK BLVD. CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33313 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Addition

Addition

☐ Change