

FILED
May 28, 2003 8:00 am
Secretary of State

05-28-2003 90116 048 ***150.00

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M37443					
1. Entity Name LA PRINCIERE FRENCH BAKERY CAFE, II, INC.					
Principal Place of Business 6150 W. OAKLAND PARK BLVD. SUNRISE, FL 33313			Mailing Address P.O. BOX 161 HALLANDALE, FL 33008		
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 59-2760907				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAKNINE, SIMON 6150 W. OAKLAND PARK BLVD. SUNRISE, FL 33313			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when electing) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to: Florida Department of State					
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	WAKNINE, SIMON		☐ Delete	
NAME	6150 W. OAKLAND PARK BLVD.				
STREET ADDRESS	SUNRISE, FL 33313				
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> MAY 20 03 954-7189 416-7309657					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2034 (10/02)