

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2:

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90048 047 \*\*\*150.00

**DOCUMENT # P00000018849**

1. Entity Name

**EDELWEISS BAKERY, CAFE & GOURMET, INC.**

Principal Place of Business

Mailing Address

**C/O SAEZLEON URDANETA CALZADILLA & PEREZ  
 888 BRICKEL AVE., 5TH FLOOR  
 MIAMI FL 33131**

**C/O SAEZLEON URDANETA CALZADILLA & PEREZ  
 888 BRICKEL AVE., 5TH FLOOR  
 MIAMI FL 33131**

2. Principal Place of Business

**8603 S. DIXIE HWY**

3. Mailing Address

**15051 SW 136 PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0987840**

Applied For

Not Applicable

Zip

**33149**

Country

**USA**

Zip

**33186**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**VINCENTE URDANETA, JUAN  
 888 BRICKELL AVE., 5TH FLOOR  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **SONIA BORTOLIN, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)

**7101 W. McNAB RD., STE. 200**

City **TAMARAC**

**FL**

Zip Code

**33321**

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

*Sonia Bortolin*  
 Signature, typed or printed name of registered agent and use if applicable.

**SONIA BORTOLIN**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/19/01**

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, 2001 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

TITLE **D** ☐ Delete  
 NAME **SELVA ARAYA, ROLANDO**  
 STREET ADDRESS **888 BRICKELL AVE., 5TH FLOOR**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete  
 NAME **RATTO MUNIZ, PATRIZIA**  
 STREET ADDRESS **888 BRICKELL AVE., 5TH FLOOR**  
 CITY-ST-ZIP **MIAMI FL 33131**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **ROLANDO SELVA ARAYA**  
 STREET ADDRESS **15051 SW 136 PL.**  
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition  
 NAME **PATRIZIA RATTO MUNIZ**  
 STREET ADDRESS **15051 SW 136 PLACE**  
 CITY-ST-ZIP **MIAMI, FL 33186**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/19/2001**

Date

Daytime Phone #

CR2034 (10/00)