

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/28

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90077 021 \*\*\*150.00

**DOCUMENT # P00000032098**

1. Entity Name  
**RAISIN BREAD COMPANY**

Principal Place of Business Mailing Address  
C/O SEAZ LEON URDANETA CALZADILLA & PEREZ- BURELLI, 888 BRICKELL AVE., 5TH FLOOR C/O SEAZ LEON URDANETA CALZADILLA & PEREZ- BURELLI, 888 BRICKELL AVE., 5TH FLOOR  
MIAMI FL 33131 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Filing Number **65-1018870** Applied For Not Applicable

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

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

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
D CASTRO, RAMIRO GARCIA  
STREET ADDRESS 888 BRICKELL AVE., 5TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
D LLORENTE GARCIA, ENRIQUE  
STREET ADDRESS 888 BRICKELL AVE., 5TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Date

Daytime Phone #

*Ramiro Castro* 4-21-01 305-358-1028

CR2E034 (10/00)