FILED

Daytime Phone #

Date

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmer

SIGNATURE:

Mar 18, 2002 8:00 am Secretary of State **DOCUMENT #** P00000044265 1. Entity Name 03-18-2002 90051 032 ***150 00 SWISS PASTRY, INC Principal Place of Business Mailing Address CAPE CORAL FL 33990 CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1002379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANTIENI, BRUNO Street Address (P.O. Box Number is Not Acceptable) 1627 SE 43RD ST CAPE CORAL FL 33904 9000475 City rmA. Innining 00001513. trarossiCi and constact 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. 🕌 Russick Cod 2 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME CANTIENI, MAGGIE NAME STREET ADDRESS STREET ADDRESS 1627 S.E. 43RD ST CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL 33904 ☐ Delete Change ☐ Addition TITI F TITLE NAME NAME CANTIENI, BRUNO STREET ADDRESS STREET ADDRESS 1627 S.E. 43RD ST CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 TITLE ☐:Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing gloes 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