

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90010 018 ***150.00

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DOCUMENT # P00000046792

1. Entity Name

BREAD BOX CARIBBEAN BAKERY & RESTAURANT INC.

Principal Place of Business

**3213 N STATE ROAD
MARGATE FL 33063**

Mailing Address

**6350 OCEAN DR.
MARGATE FL 33063**

2. Principal Place of Business

3. Mailing Address

3213 N St Road 7

6430 Harbor Bend

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Margate, FL

Margate, FL

Zip

Zip

33063

33063 USA

4. FEI Number

65-1007580

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

**LUE, MARGARET S
6350 OCEAN DR.
MARGATE, FL 33063**

Name **Carlton L. Currey**

Street Address (P.O. Box Number is Not Acceptable)
6430 Harbor Bend

City **Margate**

FL

Zip Code **33063**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/25/02
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, 2002 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 **D** ☒ Delete
NAME **LUE, MARGARET S**
STREET ADDRESS **6350 OCEAN DR.**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **President** ☒ Change ☒ Addition
NAME **Carlton L. Currey**
STREET ADDRESS **6430 Harbor Bend**
CITY-ST-ZIP **Margate, FL 33063**

TITLE **D** ☒ Delete
NAME **CUE, CLEMENT T.S.**
STREET ADDRESS **6350 OCEAN DR.**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **Secretary** ☒ Change ☒ Addition
NAME **Dawn A. Currey**
STREET ADDRESS **6430 Harbor Bend**
CITY-ST-ZIP **Margate, FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/02 (954) 975-2826
Date Daytime Phone #

CR2E034 (9/01)