

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90283 011 ***150.00

DOCUMENT # P00000047145

1. Entity Name
PARIS CAFE INTERNATIONAL BAKERY, INC.



Principal Place of Business
100 E. SAMPLE RD
STE 320
POMPANO BEACH, FL 33064

Mailing Address
100 E. SAMPLE RD
STE 320
POMPANO BEACH, FL 33064

2. Principal Place of Business
5440 N. STATE Rd 7

3. Mailing Address
5440 N. STATE Rd 7

Suite, Apt. #, etc.
SUITE 221

Suite, Apt. #, etc.
SUITE 221

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

Zip
33319

Country
Broward

Zip
33319

Country
Broward



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MULTIPLES, DESARROLLOS
100 E. SAMPLE RD, STE 320
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name **DM USA**

Street Address (P.O. Box Number is Not Acceptable)
5440 N. STATE Rd. 7, Ste 221

City **FORT LAUDERDALE** FL Zip Code **33319**

B. 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 **JENNY HERNANDEZ** DATE **02-28-03**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEDESMA, JOEL 100 E. SAMPLE RD, STE 320 POMPANO BEACH, FL 33064	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JENNY 100 E. SAMPLE RD STE 320 POMPANO BEACH, FL 33064	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, AKBAR 100 E. SAMPLE RD, STE 320 POMPANO BEACH, FL 33064	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JENNY HERNANDEZ** DATE **02-28-03** DAYTIME PHONE # **954-739-4810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)