

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047644

1. Entity Name
BAKERY SUPPLIES AND MORE, CORP.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90025 021 ***150.00

Principal Place of Business

9365 SW 77 AVE #2000
MIAMI FL 33156

Mailing Address

9365 SW 77 AVE #2000
MIAMI FL 33156

2. Principal Place of Business

12363 SW 145 ST

3. Mailing Address

12363 SW 145 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1009234

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALIESON ADVISORY, CORP.
10300 SUNSET DR., SUITE 435
MIAMI FL 33173

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

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

(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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ALDANA, JAIME
9365 SW 77 AVE #2000 12363 SW 145 ST
MIAMI FL 33156 MIAMI, FL 33186

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SANCHEZ, ARNULFO
9365 SW 77 AVE #2000 12363 SW 145 ST
MIAMI FL 33156 MIAMI, FL 33186

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

JAIME ALDANA

04/12/01 (305)595-9435

CR2E034 (10/00)