

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED

May 25, 2001 8:00 am
Secretary of State

03-26-2001 90033 043 ***150.00

DOCUMENT # P00000061062

1. Entity Name

PASTRY & BREAD CORPORATION

Principal Place of Business

12711 WEST SUNRISE BLVD
SUNRISE FL 33323

Mailing Address

12711 WEST SUNRISE BLVD
SUNRISE FL 33323

2. Principal Place of Business

1930 MAIN STREET SUITE 228
Suite, Apt. #, etc. 228
WESTON, FLORIDA

3. Mailing Address

1930 MAIN STREET SUITE 228
Suite, Apt. #, etc. 228
WESTON, FLORIDA

City & State

33327 USA

Zip

Country

City & State

33327 USA

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, DON ESQ
9050 PINES BLVD SUITE 450-F
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name MARIA TERESA ALVAREZ
Street Address (P.O. Box Number is Not Acceptable)
566 STONE MOUNT DR
WESTON FLORIDA 33326
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

03/22/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, CARLOS	
STREET ADDRESS	12711 WEST SUNRISE BLVD	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CEGARRA, RAFAEL	
STREET ADDRESS	12711 WEST SUNRISE BLVD	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 who is otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/22/01

CR2E034 (10/00)