

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063569

1. Entity Name
American Gourmet Bakery, Inc.

Principal Place of Business
128 SW 2nd Ave
Dania, FL

Mailing Address
P.O. Box 290605
Davie, FL 33329

FILED
Sep 13, 2001 8:00 am
Secretary of State

08-08-2001 90012 012 ***150.00

12632

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-1079187 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| Zip | Country | Zip | Country | | | | |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 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) <input type="checkbox"/> | | FILE NOW!! FEE IS \$100.00 After MAY 1, 2001 Fee will be \$950.00 Make Check Payable to Department of State | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|--|---|--|---|--|

| | | | |
|--|---------------------------------|---|---|
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Scott Wilcox 08/02/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

8/8/01-90012-012-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063569

1. Entity Name

American Gourmet Bakery, Inc.

Principal Place of Business

128 SW 2nd Ave
Davie, FL

Mailing Address

P.O. Box 290605
Davie, FL 33329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1079187

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

Waverly, Joel R. ESQ
507 SE 11th Court
Ft. Lauderdale, FL 33314

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 resigning

Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW WITH FEE \$125.00
After MAY 1, 2001 Fee will be \$350.00
Also Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ 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)(b), 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:

Scott Wilcox 08/02/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Attachment

DO NOT WRITE IN THIS SPACE

12632

CR2604 (11/00)

Attachment # P00000063569

American Gourmet Bakery
PO Box 290605
Davie, FL 33329

CO015139

12632

August 2, 2001

Division of Corporations
Uniform Business Report Filing
PO Box 1500
Tallahassee, FL 32302-1500

Re: American Gourmet Bakery, Inc.
Document No.: P00000063569


Dear Sir or Madam:

It was recently brought to my attention that the above referenced 2001 Uniform Business Report has not been filed at this time. Attached hereto is a Uniform Business Report and our check in the amount of \$150.00, payable to the Department of State, for filing fees. Due to never receiving the 2001 Uniform Business Report, nor a second notice, it is our request that you please file the attached report and waive the \$400.00 penalty fee. In addition, the correct mailing address has been filled out on the report for future reference.

Should you have any questions regarding the enclosed, please do not hesitate to contact me at (954) 524-0425.

Thank you in advance for your assistance.

Very Truly Yours,


Scott Wilcox
President