4/2

4/2

FILED
Jun 18, 2002 8:00 am
Secretary of State
04-02-2002 90043 040 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069125

1. Entity Name
BAKING USA, INC.

BCC
35705

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2131 NW 8TH AVENUE MIAMI FL 33127	2131 NW 8TH AVENUE MIAMI FL 33127

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 65-1026603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~FLORIDA ANNUAL REPORT SERVICES, INC.~~
~~2300 CORAL WAY SUITE 200~~
~~MIAMI FL 33145~~
REMOVED

7. Name and Address of New Registered Agent

Name PAUL COUTARD
Street Address (P.O. Box Number is Not Acceptable)
2125 NW. 8AV.
City MIAMI FL Zip Code 33127

8. The above name submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 06/5/2002
Signature, typed or printed name of registered agent and date 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD NIN, FERNANDO ~~110 SE 2ND STREET~~ ~~HALLANDALE FL 33009~~	☒ Delete 3 same ADDRESS	PSTD NIN, FERNANDO 425 N.W. 30 AVE. MIAMI FL. 33125	☒ Change ☐ Addition NEW ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: _____ 03/22/2002 (305) 710 1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #