

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070439

1. Entity Name  
Espign Bakery, Inc.

FILED

01 DEC 14 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1940 NW 21 Terr. 1940 NW 21 Terrace  
MIAMI, FL 33142 MIAMI, FL 33142

2. Principal Place of Business 3. Mailing Address  
407 Lincoln Rd 407 Lincoln Rd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
5-B 5-B

DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country  
Miami Beach FL 33139 USA Miami Beach, FL 33139 USA

4. FEI Number Applied For  
65-1030458 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DEL VALLE MONICA  
407 Lincoln Rd #5-B  
Miami Beach FL 33139

7. Name and Address of New Registered Agent  
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 Monica Del Valle 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  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Del Valle Monica PSD 407 Lincoln Rd Miami Beach, FL 33139  
Delete  
Delete  
Delete  
Delete  
Delete  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
100004744581-1 -12/31/01--01040--019  
\*\*\*\*150.00 \*\*\*\*150.00  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change 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: Monica Del Valle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CB2E034 (3/1/00)

2002

ESPIGA BAKERY, INC.  
407 Lincoln Road, #5B  
Miami Beach, FL 33139

November 15, 2001

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

RE: Document #: P00000070439

Dear Sir/Madam:

We have just been informed that our Corporation was administratively dissolved by the State.

Your first notice was never received by our company because we moved to the above referenced address.

Enclosed you will find a check for \$150.00. Please reinstate our corporation and correct the address on your records.

Very truly yours,

*Monica Del Valle*

Monica Del Valle