

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087128

1. Entity Name
HONEY BAKERY, CORP.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90019 035 ***150.00

Principal Place of Business
**18926 NW 63 COURT CIR.
MIAMI FL 33015**

Mailing Address
**18926 NW 63 COURT CIR.
MIAMI FL 33015**

2. Principal Place of Business
11380 SW 184 ST
Suite, Apt. #, etc.

3. Mailing Address
18926 NW 63 COURT CIR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI - FLORIDA

City & State
MIAMI - FLORIDA

4. FEI Number
65-1039609

Applied For
☐ Not Applicable

Zip
33157 Country
U.S.A.

Zip
33015 Country
U.S.A.

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

**HENAO, JOSE OSCAR
18926 NW 63 COURT CIR.
MIAMI FL 33015**

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

x 01-23-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	HENAO, JOSE OSCAR	18926 NW 63 COURT CIR.	MIAMI FL 33015	

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **x 01-23-01 (305) 474-7381** Daytime Phone #

CR2E034 (10/00)