

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91789 024 \*\*\*150.00

**DOCUMENT # P00000096136**

**1. Entity Name**  
**MBB BAKERY CORPORATION**

**Principal Place of Business**  
**7132 BERACASA WAY**  
**BOCA RATON FL 33433**

**Mailing Address**  
**7132 BERACASA WAY**  
**BOCA RATON FL 33433**

**00119127**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**7000 W. Palmetto Park Rd**  
 Suite, Apt. #, etc. **501**

**3. Mailing Address**  
**7000 W. Palmetto Park Rd**  
 Suite, Apt. #, etc. **501**

**City & State**  
**Boca Raton, FL**

**City & State**  
**Boca Raton, FL**

**4. FEI Number** **65-1051907**

**Applied For**  
☐ **Not Applicable**

**Zip** **33433 FL** **Country** **USA**

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

**6. Name and Address of Current Registered Agent**

**BARBER, ALLISON**  
**7132 BERACASA WAY**  
**BOCA RATON FL 33433**

**7. Name and Address of New Registered Agent**

**Name** **MINDY STEIN**  
**Street Address (P.O. Box Number is Not Acceptable)** **7000 W. Palmetto Park Rd**  
**Suite** **501**  
**City** **Boca Raton** **FL** **Zip Code** **33433**

**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** Mindy Stein, Secretary **5-1-02**  
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)

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D	BARBER, ALLISON	7132 BERACASA WAY BOCA RATON FL 33433	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	NEIL SWARTZ	7000 W. PALMETTO PARK RD Suite 501	Boca Raton, FL 33433	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President, Treasurer	Howard Brummer	7000 W. Palmetto Park Rd Suite 501	Boca Raton, FL 33433	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	MINDY STEIN	7000 W. Palmetto Park Rd Suite 501	BOCA RATON FL 33433	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:** Mindy Stein **5-1-02** **(561) 620-9234**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)