

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **000000096136**

1. Entity Name

2 Bakery Corp.



DO NOT WRITE IN THIS SPACE

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Neil Swartz

Street Address (P.O. Box Number is Not Acceptable)

**2400 East
Las Olas Blvd. #362.**

City

Ft Lauderdale

FL

Zip Code

33301

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/26/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to: Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **President**
NAME: **Neil Swartz**
STREET ADDRESS: **2400 East Las Olas Blvd**
CITY-ST-ZIP: **#362. Ft Lauderdale FL 33301**

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/03

Date

561-843-7556

Daytime Phone #

FILED
03 DEC 26 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

~~IT~~ IT MAY CONCERN:

I HAVE NOT RECEIVED THE 2 PRIOR UNIFORM BUSINESS REPORT, FOR 2 CORPORATIONS I AM OFFICER OF:

1* Z BAKERY CORP.

2* MCG PARTNERS INC.

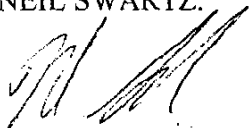
I SOLD A BUSINESS AND THE NEW OWNER TOOK OVER OFFICE AND DID NOT FORWARD MY MAIL AND SUCH DID NOT KNOW AMOUNTS WERE NOT PAID . I FOUND OUT ABOUT THESE CORPS BEING INACTIVE BY LOOKING THEM UP ON LINE.

ACCORDINLY I HAVE ENCLOSE 2 CHECKS FOR THE FEES NECESSARY TO GET CORP ACTIVE AGAIN.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATER

SINCERELY

NEIL SWARTZ.

A handwritten signature in dark ink, appearing to be 'Neil Swartz', written in a cursive style.