

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90006 045 ***150.00

DOCUMENT # P0000009907A

1. Entity Name
LA ROMANA BAKERY CORP.

Principal Place of Business
3376 N.W. 17th Ave.
MIAMI FL 33142

Mailing Address
3376 NW 17th Ave
MIAMI FL 33142

C0070906

2. Principal Place of Business
3376 NW 17 Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
MIAMI

City & State

Zip
33142

Country
USA

Zip

Country

4. FEL Number
65-1048752

App. For
 Not Applicable

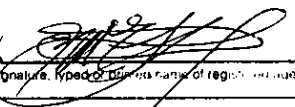
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

MAXIMO MARTINEZ
3132 NW 59th St.
MIAMI FL 33142

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

(If the Registered Agent is a corporation, partnership, or other entity, a signature is required from each of them.)

5/10/01

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 \$100.00
AND MAY 11, 2001 Fee will be \$200.00
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 **PD** ☐ Delete
 NAME **MAXIMO MARTINEZ**
 STREET ADDRESS **3132 NW 59th St.**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **VTD** ☐ Delete
 NAME **MAXIMO MARTINEZ SR.**
 STREET ADDRESS **2414 W. 72nd St.**
 CITY-ST-ZIP **MIAMI FL 33012**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

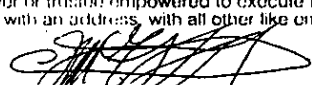
TITLE ☐ Change ☐ Add
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: 

305-637-0065