

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90004 024 \*\*\*150.00

0080128 AV

**DOCUMENT # P00000101154**

1. Entity Name  
**UNION BAKERY, INC.**

Principal Place of Business  
**2111 NO. DIXIE HWY.  
 LAKE WORTH FL 33460**

Mailing Address  
**2111 NO. DIXIE HWY.  
 LAKE WORTH FL 33460**

2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State

Zip Country

4. FEI Number Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**NODA, LUIS  
 2111 NO. DIXIE HWY.  
 LAKE WORTH FL 33460**

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 \_\_\_\_\_  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NODA, LUIS</b>	
STREET ADDRESS	<b>1920 BELL LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NODA, MARCELINA G</b>	
STREET ADDRESS	<b>1920 BELL LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NODA, LUIS JR.</b>	
STREET ADDRESS	<b>1920 BELL LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (5/01)

attachment  
D# P000001 01154  
A0079577

July 23, 2001

Re: 65-1068534

To Whom It May Concern:

I just received the first notice telling me that I had to renew my corporation. I called the Department of State and they instructed me to fill out my report and send in a check for \$150.00. If there is anything else I must do please let me know.