

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90290 025 ***150.00

DOCUMENT # P00000105266

1. Entity Name
AMERICAN BAKERY CONCEPTS, INC.



Principal Place of Business
2450 NE MIAMI GARDENS DR., 2ND FL
NORTH MIAMI BEACH FL 33180

Mailing Address
2450 NE MIAMI GARDENS DR., 2ND FL
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

21030 Windemere Ln 21030 Windemere Ln.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

City & State
Boca Raton FL

Zip
33428

Country

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Boca Raton FL

Zip
33428

Country

4. FEI Number **APPLIED FOR**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUPRASKI, LOUIS A ESQ
2450 NE MIAMI GARDENS DR., 2ND FL
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name
Alfred Wolfgang
Street Address (P.O. Box Number Not Acceptable)
21030 Windemere Ln

City **Boca Raton** **FL** **Zip Code** **33428**

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

(NOTE: Registered Agent signature required when reinstating)

April 27, 2003

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **WOLFGANG, ALFRED**
STREET ADDRESS **21030 WINDEMERE LN**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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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 Block 11 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

April 27, 2003

Date

Daytime Phone #

CR2E034 (10/02)