

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90131 027 ***150.00

DOCUMENT # P00000112694
1. Entity Name
BLU DOG BAKERY, INC.

Principal Place of Business **Mailing Address**
4850 NW 7TH AVENUE **724 ESPANIOLA WAY**
MIAMI FL 33142 **5**
 MAIMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 4850 NW 7th Ave
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
City & State **City & State**
Miami, FL
Zip **Country** **Zip** **Country**
33142

4. FEI Number **65-1071331** **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COMMANDER, JONATHAN D
205 WORTH AVE STE 201
PALM BCH FL 33480

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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	CORPORAN, JUAN F	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORPORAN, JUAN F			NAME	650 NE 52 St		
STREET ADDRESS	724 ESPANOLA WAY #4			STREET ADDRESS	Miami, FL 33137		
CITY-ST-ZIP	MAIMI BEACH FL 33139			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	CORPORAN, BARCLAY G	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORPORAN, BARCLAY G			NAME	650 NE 52ND ST		
STREET ADDRESS	724 ESPANOLA WAY #4			STREET ADDRESS	Miami, FL 33137		
CITY-ST-ZIP	MAIMI BEACH FL 33139			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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, without other like empowered.

SIGNATURE: **4/12/02** **786/236-4932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)