

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90246 040 ***150.00

U133034 7/1

DOCUMENT # P01000015299

1. Entity Name
LAS AMERICAS BAKERY OF CORAL SPRINGS, INC.

Principal Place of Business 10910 NW 46TH DR. CORAL SPRINGS FL 33076	Mailing Address 10910 NW 46TH DR. CORAL SPRINGS FL 33076
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3231 N. STATE Rd 7 Suite, Apt. #, etc.	3. Mailing Address 3231 N. STATE Rd. 7 Suite, Apt. #, etc.
City & State MARGATE, FL	City & State MARGATE, FL
Zip 33063	Country BROWARD

4. FEI Number 65-1070220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POSADA, RODRIGO
715 N. BEL AIR DR.
PLANTATION FL 33317

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GALLEGO, JAIME L 10910 NW 46TH DR. CORAL SPRINGS FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ZAPATA, HERNAN 10910 NW 46TH DR. CORAL SPRINGS FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAIME LEON OLARTE Gallego 10917 N.W. 46 DRIVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Claudia Maria Vargas 33076 10917 NW 46 Dr. Coral Spngs, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **01-26-02**
Signature _____ Date _____ Daytime Phone # _____

CR2E034 (9/01)