FILED
Sep 26, 2002 8:00 am
Secretary of State
05-28-2002 91757 036 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000015509

1. Entity Name: La Sultana Bakery, Inc.

DO NOT WRITE IN THIS SPACE

- 43087

2. Principal Place of Business: 2559 Boggy Creek Road
Suite, Apt. #, etc.
City & State: Kissimmee, FL
Zip: 34743 Country: USA

3. Mailing Address: 2559 Boggy Creek Road
Suite, Apt. #, etc.
City & State: Kissimmee, FL
Zip: 34743 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3755199 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Faustino Sanchez
Street Address (P.O. Box Number is Not Acceptable): 2864 Middleton Circle
City: Kissimmee FL Zip: 34743

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Faustino Sanchez
STREET ADDRESS	2864 Middleton Circle
CITY-ST-ZIP	Kissimmee, FL 34743
TITLE	S/T
NAME	Amelia Sanchez
STREET ADDRESS	2864 Middleton Circle
CITY-ST-ZIP	Kissimmee, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Faustino Sanchez 04/23/02 (407) 348-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #