

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90128 020 ***550.00

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DOCUMENT # P01000033360

1. Entity Name

OUR LADY BAKERY OF DELRAY, INC.



Principal Place of Business

**102 SE 2 AVE
DELRAY BEACH FL 33444**

Mailing Address

**102 SE 2 AVE
DELRAY BEACH FL 33444**

2. Principal Place of Business

102 SE 2nd AVE

Suite, Apt. #, etc.

3. Mailing Address

102 SE 2nd AVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

DeLray Beach FL

City & State

DeLray Beach FL

4. FEI Number

65-0119765

Applied For

☐ Not Applicable

Zip

33444 PALM BEACH

Country

Zip

33444 PALM BEACH

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MOISE, JOSETTE

102 SE 2 AVE

DELRAY BEACH FL 33444

Name

Our Lady Bakery of Delray Be

Street Address (P.O. Box Number is Not Acceptable)

102 SE 2nd AVE

City

DeLray Beach

FL

Zip Code

33444

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

Jolette Moise

Jolette Moise

09-02-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**D
MOISE, JOSETTE M
102 SE 2 AVE
DELRAY BEACH FL 33444**

TITLE ☐ Delete

**D
MOISE, PIERRE
102 SE 2 AVE
DELRAY BEACH FL 33444**

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jolette Moise **Jolette Moise**

Date **03-02-03** Daytime Phone #

CR2E034 (4/03)