

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90048 040 ***150.00

DOCUMENT # P01000047084

1. Entity Name
THE BIG BREAD NET INC.

Principal Place of Business
1736 N.E. 28TH DRIVE
WILTON MANORS FL 33334

Mailing Address
1736 N.E. 28TH DRIVE
WILTON MANORS FL 33334

2. Principal Place of Business
CORAL RIDGE MALL
3200 N. FED. HWY
 Suite, Apt. #, etc.
SHOP 411 B

3. Mailing Address
CORAL RIDGE MALL
3200 N. FED. HWY
 Suite, Apt. #, etc.
SHOP 411 B

City & State
FORT LAUDERDALE FL
 Zip
33308 Country

City & State
FORT LAUDERDALE FL
 Zip
33308 Country

4. FEI Number
65.1114190

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POIRIER, MARCELLE B ESQ.
2701 SOUTH BAYSHORE DRIVE
SUITE 402
MIAMI FL 33133

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. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AUDEOD, MAURICE L 1736 N.E. 28TH DRIVE WILTON MANORS FL 33334 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AUDEOD, LUC RAYMOND 1736 N.E. 28TH DRIVE WILTON MANORS FL 33334 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AUDEOD MAURICE L 3200 N. FED. HWY - SHOP 411 B FORT LAUDERDALE FL 33308 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **MAURICE AUDEOD President** **4.23.02** **954 561 9181**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)