FILED
Aug 21, 2002 8:00 am
Secretary of State

07-09-2002 90396 040 ***150.00

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DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068494

1. Entity Name
THE REEF BAKERY INC

Principal Place of Business	Mailing Address
730 HALLENDALE BEACH BLVD SUITE F HALLENDALE BEACH FL 33009	730 HALLENDALE BEACH BLVD SUITE F HALLENDALE BEACH FL 33009

2. Principal Place of Business	3. Mailing Address
730 Hallendale	P. O. BOX 931
Suite, Apt. #, etc.: Suite F	Suite, Apt. #, etc.: Hallandale
City & State: Hallandale FL	City & State: FL
Zip: 33009 Country:	Zip: 33009 Country:

4. FEI Number: 65-1075270 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAWRENCE, FRANKLIN
730 HALLENDALE BEACH BLVD
SUITE F
HALLENDALE BEACH FL 33009

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. I am familiar with, and accept the obligations of registered agent.

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 $550.00
After September 13, 2002 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Franklin Lawrence 2123 Wiley ct Hollywood FL 33020 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Franklin Lawrence 2123 wiley court Hollywood, Fl. 33020 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

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] 07/01/2002 (954) 455 2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #