

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070402

1. Entity Name

CAFE GERBAUD BAKERY CORP.

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-24-2002 91340 031 ***150.00

Principal Place of Business

9101 N.W. 32ND STREET
CORAL SPRINGS FL 33065

Mailing Address

9101 N.W. 32ND STREET
CORAL SPRINGS FL 33065

93163

2. Principal Place of Business

422 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

422 S. Dixie Hwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

Hollywood

4. FEI Number

651-12-1721

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

FL

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, TRACY
9101 N.W. 32ND STREET
CORAL SPRINGS FL 33065

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
D ROBBINS, TRACY
STREET ADDRESS
9101 N.W. 32ND STREET
CITY-ST-ZIP
CORAL SPRINGS FL 33065

☐ Delete

TITLE
NAME
D ROBBINS, WILLIAM H
STREET ADDRESS
305 WEST 11TH AVENUE
CITY-ST-ZIP
GASTONIA NC 28052

☐ Delete

TITLE
NAME
Charlotte RADU
STREET ADDRESS
9101 NW 32nd St
CITY-ST-ZIP
Coral Springs, FL 33065

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TITLE
NAME
Stephanie Radu
STREET ADDRESS
9101 NW 32nd St
CITY-ST-ZIP
Coral Springs, FL 33065

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ 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

Date

954-923-1044

Daytime Phone