

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90191 006 ***150.00

DOCUMENT # <i>PO1000070402</i>	
1. Entity Name	
CAFE GERBAUD BAKERY CORP.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 442 S.DIXIE HIGHWAY	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State HOLLYWOOD, FL 33020	City & State
Zip	Country

4. FEI Number 65-1121721	Applied For Not Applicable
5. Certificate of Status Desired... <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name TRACY ROBBINS	
Street Address (P.O. Box Number is Not Acceptable) 9101 NW 32ND STREET	
City CORAL SPRINGS	Zip Code 33065

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 TRACY ROBBINS-PRESIDENT DATE 4/27/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TRACY ROBBINS 422 S.DIXIE HIGHWAY, HOLLYWOOD, FL 33020
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Tracy Robbins

TRACY ROBBINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2004

Date

954-923-1044

Daytime Phone #