

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 31, 2002 8:00 am
Secretary of State**

03-31-2002 90369 030 ***150.00

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DOCUMENT # FD1000106656
1. Entity Name
MOSES BAKERY inc

752171

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9616 NW 7th CIRCLE
Suite, Apt. #, etc. #1612

3. Mailing Address
9616 NW 7th CIRCLE
Suite, Apt. #, etc. #1612

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FLORIDA
Zip 33324 Country USA

City & State
PLANTATION, Florida
Zip 33324 Country USA

4. FEI Number
65-1157997
Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent
Name JOE MOSES
Street Address (P.O. Box Number Not Acceptable) 9616 NW 7th CIRCLE #1612
City PLANTATION FL Zip Code 33324

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 Joe Moses (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature or name is required) DATE MARCH 15 2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR / PRESIDENT MOSES, JOE 9616 NW 7th CIRCLE # 1612 PLANTATION, FL 33324</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR / VICE PRESIDENT MOSES, JAIR 9616 NW 7th CIRCLE # 1612 PLANTATION, FL 33324</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered

SIGNATURE: Joe Moses SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/15/02 Daytime Phone #: 954-475-9373

JOE MOSES PRESIDENT