

2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 18 AM 8:00

DOCUMENT # P01000106656

1. Entity Name

MOSES BAKERY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11661 NW 29 MANOR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

4. FEI Number

65-1157997

Applied For

Not Applicable

Zip

33323

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

000023264290

09/23/03--01001--016 \*\*150.00

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

OHAD MOSES

Street Address (P.O. Box Number is Not Acceptable)

11661 NW 29 MANOR

City

SUNRISE

FL

Zip Code

33323

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

*OHAD MOSES*

OHAD MOSES

09/17/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
DP  
OHAD MOSES  
11661 NW 29 MANOR  
SUNRISE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVP  
YAIR MOSES  
11661 NW 29 MANOR  
SUNRISE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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:

*YAIR MOSES*

YAIR MOSES

09/17/03 954-682-7332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

September 17, 2003

Florida Department of State  
Division of Corporations  
Attn: Ruby Dunlap  
409 E Gaines Street  
Tallahassee, FL 32399

Dear Ms. Gaines:

I request a waiver of the penalty for late filing on this corporation. I never received the notification for the original filing due date. I enclose \$150.00 for the filing fee. The enclosed form reflects a change of address for the corporation.

A handwritten signature in black ink, appearing to read 'Yair Moses', is positioned above the printed name.

Yair Moses, Vice President  
Moses Bakery, Inc  
11661 NW 29 MANOR  
Sunrise, FL 33323