

**01-03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000110841

1. Entity Name

BAKERY CONNECTION INC.



FILED

03 JUL 21 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 141698

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 140596

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

65-1153729

Applied For

Not Applicable

Zip
33114

Country

Zip
33114

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PATRICK VIVIES

Street Address P.O. Box Number is Not Acceptable

700 E. DANIA BEACH BLVD #202

City DANIA

FL

Zip Code
33004

**DO NOT WRITE
IN THIS SPACE**

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 on all filings)

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
PRESIDENT
THIERRY CAZENAVE
9591 FONTAINBLEU BLVD #605
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700021706637
07/21/03--01064--015 **150.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP
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07/21/03--01064--016 **150.00

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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)(b), 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 am otherwise empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

305-222-2247

Display Phone #

CR2E034B (12/02)

21 2/22

BAKERY CONNECTION, INC.
P.O. BOX 140596
CORAL GABLES, FL. 33114
TEL: (305) 222-2247

Miami, July 18, 2003

Dear Sir,

Following my phone call of 7/18/03, I did not receive any document to pay for year 2002/2003.

On April 29, 2003, my C.P.A. told me to make a check for \$150.00 and send to you. Because I have another corporation and when it was time to pay for it I realize that Bakery Connection was not paid.

So please can you be kind to wave any late fee for Bakery Connection, Inc.

I am sending back a check for \$150.00 and made another for the same amount to be current for the year 2002/2003.

Thank you for your cooperation,

Sincerely,



Thierry Cazenave, President
Bakery Connection, Inc.