

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000019671

1. Entity Name
MI PEQUENA COLOMBIA BAKERY, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90904 001 ***150.00
05-05-2003 90904 002 *****8.75

Principal Place of Business
3917 PALM BEACH BLVD
FORT MYERS FL 33916

Mailing Address
9830 BERNWOOD
APT # 114
FORT MYERS FL 33912



2. Principal Place of Business

3917. Palm. Beach Blvd.

3. Mailing Address

3917 - Palm. B. Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Fort. Myers. FL.

City & State

Fort. Myers. FL.

4. FEI Number

126 86 32 58

Applied For

Not Applicable

Zip

33916

Country

Lee

Zip

33916

Country

Lee

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBEN, SALINAS
9830 BERNWOOD PLACE
APT A
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name Ruben. Salinas.
Street Address (P.O. Box Number is Not Acceptable)
1633 23rd St. SW. Cape Coral
City Cape Coral FL Zip Code 33991

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 when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	SALINAS, RUBEN D	
STREET ADDRESS	9830 BERNWOOD APT A	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ADAMES, LILIANA	
STREET ADDRESS	9830 BERNWOOD APT A	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1633 SW. 23rd St.	
STREET ADDRESS	Cape Coral FL. 33991	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1633 SW. 23rd St.	
STREET ADDRESS	Cape Coral FL. 33991	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruben Salinas REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-03 April 30 - 03

Date

Daytime Phone #

CR2E034 (10/02)