

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90129 012 ***150.00

0007861 AT

DOCUMENT # P02000131573

1. Entity Name

SOUTH FLORIDA BAKERY SUPPLIES CO.



Principal Place of Business

10001 WEST OAKLAND PARK BLVD.
SUITE #202
FORT LAUDERDALE FL 33351

Mailing Address

10001 WEST OAKLAND PARK BLVD.
SUITE #202
FORT LAUDERDALE FL 33351

11029439



2. Principal Place of Business

10001 W. OAKLAND PARK BLVD

3. Mailing Address

10001 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 200

SUITE # 200

☒ - CHECK HERE IF MAKING CHANGES

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

75-3090804

Applied For

Not Applicable

Zip

Country

33351

USA

Zip

Country

33351

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

THOMAS WILLIAMS

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

10001 W. OAKLAND PARK BLVD.

SUITE # 200

City

FORT LAUDERDALE

FL

Zip Code

33351

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

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 **PSTD** ☒ Delete
NAME **ALTER, ROGER**
STREET ADDRESS **10001 WEST OAKLAND PARK BLVD. #202**
CITY-ST-ZIP **FORT LAUDERDALE FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Change ☒ Addition
NAME **THOMAS WILLIAMS**
STREET ADDRESS **10001 W. OAKLAND PARK BLVD., #200**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

954-572-0862

Daytime Phone #

CR2E034 (10/02)