

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90011 036 \*\*\*150.00

**DOCUMENT # P93000066015****1. Entity Name****LA SIN RIVAL BAKERY, INC.****Principal Place of Business****9772 S.W. 8TH ST.  
MIAMI FL 33174****Mailing Address****9772 S.W. 8TH ST.  
MIAMI FL 33174****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number 65-0439029**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****FILGUEIRAS, MANUEL  
9606 S.W. 2ND LANE  
MIAMI FL 33174**Name **ESPERANZA FILGUEIRAS**Street Address (P.O. Box Number is Not Acceptable)  
**9606 S.W. 2ND LANE**City **MIAMI****FL**Zip Code **33174****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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>R</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FILGUEIRAS, MANUEL</b>	
STREET ADDRESS	<b>9606 SW 2ND LN</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	

TITLE	<b>VP</b>	
NAME	<b>FILGUEIRAS, ESPERANZA</b>	
STREET ADDRESS	<b>9606 SW 2ND LN</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSE FILGUEIRAS</b>	
STREET ADDRESS	<b>9606 S.W. 2ND LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)