

# 602 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P93000066015

Entity Name

LA SIN RIVAL BAKERY, INC.

DEPARTMENT OF STATE  
DIVISION OF CORPORATE

02 MAR -1 AM 10:46

Principal Place of Business  
9772 SW 8<sup>th</sup> ST  
MIAMI, FL 33174

Mailing Address  
9772 SW 8<sup>th</sup> ST  
MIAMI, FL 33174

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0439029

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

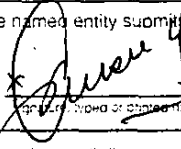
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILGUEIRAS, ESPERANZA  
9602 SW 8<sup>th</sup> ST,  
MIAMI, FL 33174

Name ~~AN~~ -ANSUAREZ, RENE  
Street Address (P.O. Box Number is Not Acceptable)  
522 SW 79<sup>th</sup> COURT  
City MIAMI FL Zip Code 33144

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  RENE ANSUAREZ (NOTE: Registered Agent signature required when reinstating)

2/20/02  
DATE

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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP NAME FILGUEIRAS, ESPERANZA STREET ADDRESS 9606 SW 2nd LANE CITY-ST-ZIP MIAMI, FL 33174	<input checked="" type="checkbox"/> Delete
TITLE ST NAME FILGUEIRAS, JOSE STREET ADDRESS 9606 SW 2nd LANE CITY-ST-ZIP MIAMI, FL 33174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE D-P-S-T NAME ANSUAREZ, RENE STREET ADDRESS 522 SW 79 <sup>th</sup> COURT CITY-ST-ZIP MIAMI, FL 33144	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR25034 (11/00)