	1 UNIFORM BUS	INESS REPO	RT (UB	R)	FILED	- CTATE		
1. Entity Name Bakely) Restaurant 840					BLURE FARY OF STATE MYISION OF CORPORATIONS			
Bureid?					01 JUL 20 AM 8:47			
1				,	01 00L 20 H	,		
	ce of Business JEST FAIR Gally	Mailing Address 345 West F	Encidents	4.7		•		
	F14	200, 2	A0075725					
1	w Park, 1814 32789	winter Park	32789	!	n.	0013725		
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE			
					DO NOT WRITE IN THIS SPACE			
City & State		City & State		•	1 ~ 0 A 2 A A G A 3		Applied For Not Applicable	
Zip	Country	. Zip	Country		5. Certificate of Status Desired	\$8.7	75 Additional	
	6. Name and Address of Current	Registered Agent	<u> </u>		. Name and Address of New		Required t	
	eles Mausir		Name	Name				
909	will cherry ct	r .	Street A	ddress (P.C). Box Number is Not Acceptal	ole)		
He	athrow, Flo 3	2746						
,			City	FL Zip Code				
8. The above	e named entity submits this statement to	r the purpose of changing its	registered office o	r registered	agent, or both, in the State of	Florida.		
SIGNATURE	Copus Mans	74				6-27-0	\	
	Signature, typed or printed name of registered agent of	and title if applicable. (NOT)	E: Registered Agent signal	ure required who	on reenstating)	DATE		
- 9:-This corpo Tax filing (See crite	II≭FEE∗IS∗\$150. 01 Fee will be \$: le to Departmen	550.00 t of State	10. Election Campaign I Trust Fund Contribut	ion.	\$5.00 May Be Added to Fees			
11. TITLE	President OFFICERS AND	DIRECTORS Delete	12.		ADDITIONS/CHANGES TO O		CTORS IN 11 Change Addition	
NAME	BYCC HOLM		NAME	CHA	ls minsir '			
STREET ADDRESS CITY-ST-ZIP	1286 EAST LALL COLO MAIT LAND FLA 327	s (`	STREET ADDRESS CITY-ST-ZIP		graw, Rb 3274	ا ما		
TITLE	vice President, secret	Tres Delete	TITLE			*	change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	1236 Eastlak rolong Maithans. Pla 3279		CHTY-ST-ZIP]		
TITLE NAME		☐ Deleiz	TITLE NAME		· .	; ;	hange 🔲 Addition	
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TITLE NAME		☐ Delete	TITLE NAME		/	Λ ~\ [□] °	hange 🔲 Addition	
STREET ADDRESS			STREET ADDRESS		· /	18 1. c) LS	\mathcal{L}	
CITY-ST-ZIP TITLE		☐ Delete	CITY-SI-ZIP				hange Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			_		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that m	ny signature shall h	ave the sam	e legal effect as if made under	oath; that I am an	officer or director	
of the corporation of 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: Chaule, MAUSIR 6-27-01 407-340-5432								
••	SIGNATURE AND TYPED OR PE	RINTED NAME OF SIGNING OFFICER O	OR DIRECTOR		Date	Daytime Pi	hone #	

	To whom THW MAY concernes 6:27-01
	CHArles MANSIN PUNCHOSED STOCK OF BAKKLY
	Corporation on 1-22-01.
-	Previous annes Discordes 2001 uni form
	Business Report with out Forwarding to
	Me.
	P Dis not Know this Report Exsistes
	: Encloses is a copy of the Porm they
3	more before throwing sway the oreginal
<u>.</u> ,	I hape this 13 kplain, my situation.
	If you news to talk to me Plean
	Call 407-340-5432
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