

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053461

1. Entity Name

CLARITA'S BAKERY INC.

Principal Place of Business

11629 S.W. 88 STREET
MIAMI FL 33176-33176
US

Mailing Address

11629 S.W. 88 STREET
MIAMI FL 33176-1004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

33176

Country

Zip

Country

4. FEI Number

65-0597577

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAQUEL A
325 ALMERIA AVE.
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 P Delete
NAME DEMOSS, JACQUELINE
STREET ADDRESS 8231 SW 96 PL
CITY-ST-ZIP MIAMI FL 33173TITLE Change Addition
NAME 300003533883-6
STREET ADDRESS -01/11/01--01108--0111
CITY-ST-ZIP ****150.00 ****150.00TITLE VP Delete
NAME FERNANDEZ, CLARA L
STREET ADDRESS 8231 SW 96 PL
CITY-ST-ZIP MIAMI FL 33173TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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CITY-ST-ZIPTITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
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, typed or printed name of signing officer or director

50100 3055903585
Date

Daytime Phone #