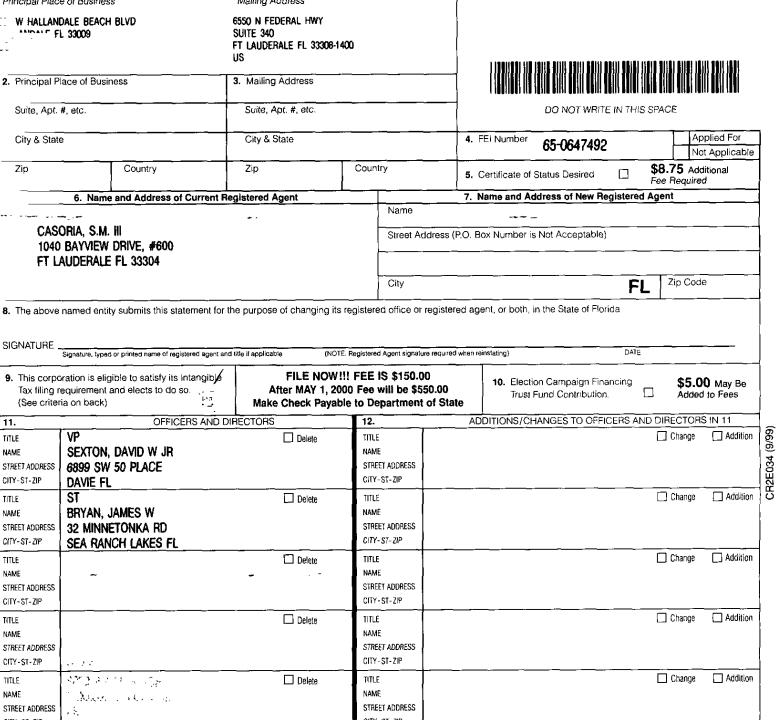
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000016580** 1. Entity Name THE BAKEHOUSE, INC. Principal Place of Business Mailing Address W HALLANDALE BEACH BLVD 6550 N FEDERAL HWY **** FL 33009 SUITE 340 FT LAUDERALE FL 33308-1400 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name

FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90123 050 ***150.00



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.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITI F

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

SIGNATURE:

CASORIA, S.M. III

1040 BAYVIEW DRIVE, #600 FT LAUDERALE FL 33304

9. This corporation is eligible to satisfy its Intangible

SEXTON, DAVID W JR

6899 SW 50 PLACE

BRYAN, JAMES W

32 MINNETONKA RD

argazas en ja

Block of the contract

SEA RANCH LAKES FL

Davie Fl ST

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

TITLE

NAME

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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

OFFICERS AND DIRECTORS

NO TYPED OR PRINTED NAME OF SIGNING OFFICER

Change

☐ Addition