

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90074 044 ***150.00

DOCUMENT # P96000049643

1. Entity Name
HOM-LYKE BAKING COMPANY, INC.

Principal Place of Business
1013 N. RAILROAD AVENUE
WEST PALM BEACH FL 33401

Mailing Address
1013 N. RAILROAD AVENUE
WEST PALM BEACH FL 33401

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

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

4. FEI Number **65-0682333**
 Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SALDARRIAGA, MARIA
1701 N. FLAGLER DRIVE, APT. 8
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
 Name **Maria Saldarriaga pres**
 Street Address (P.O. Box Numbers Not Acceptable) **1701 apt 8 N. Flagler Drive**
 City **WPB FL** Zip Code **33401**

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 **Maria Saldarriaga pres** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PT SALDARRIAGA, MARIA F 1013 RAILROAD AVENUE - NORTH WEST PALM BEACH FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maria Saldarriaga pres 1013 N. Rail Road ave WPB FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALDARRIAGA, GUILLERMO J 1013 RAILROAD AVENUE - NORTH WEST PALM BEACH FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guillermo Saldarriaga V.P. 1013 N. Rail Road ave WPB FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carlos Spencer Treas 1013 N. Rail Road ave WPB FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jenny albi Saldarriaga 1013 N Rail Road ave Secy
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: **Maria Saldarriaga** **4/29/2002** **561 8046988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)