

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058108

1. Entity Name

PANE-CALDO BAKERIES, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90001 031 ***550.00

Principal Place of Business

222 LAKEVIEW AVE SUITE 260
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE SUITE 260
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0683622

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

KOEPEL, JOEL P
222 LAKEVIEW AVE SUITE 260
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CIMINELLA, MAURIZIO
350 S COUNTY RD
PALM BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GITTIS, HOWARD
195 VIA DEL MAR
PALM BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
MANFRA, GLEN
115 DUNES EDGE RD
JUPITER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIMMEL, SIDNEY
200 VIA BELLARIA
PALM BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAURIZIO CIMINELLA 9500 5618320201

CP2E034 (5/00)