

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90066 002 \*\*\*150.00

0253246 AV

**DOCUMENT # P96000064384**

1. Entity Name  
**AVENTURA FRENCH BAKERY INC.**

Principal Place of Business  
**18125 BISCAYNE BLVD**  
**AVENTURA FL**

Mailing Address  
**18125 BISCAYNE BLVD**  
**AVENTURA FL**



2. Principal Place of Business  
**8100 BYRON AVE**

3. Mailing Address  
**8100 BYRON AVE.**

Suite, Apt. #, etc.  
**APT 310**

Suite, Apt. #, etc.  
**APT 310**

City & State  
**MIAMI BEACH, FL**

City & State  
**MIAMI BEACH, FL**

4. FEI Number **65-0686810**

Applied For  
 Not Applicable

Zip **33141** Country **U.S.A**

Zip **33141** Country **U.S.A**

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**VARGAS, JORGE E**  
**18125 BISCAYNE BLVD**  
**AVENTURA FL**

**7. Name and Address of New Registered Agent**

Name  
**VARGAS, LUIS M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8100 BYRON AVE #310**  
 City **MIAMI BEACH** **FL** Zip Code **33141**

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 **(LUIS M. VARGAS) PRESIDENT**

**2/28/02**

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, 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	<b>PTD VARGAS, LUIS M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>18125 BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>AVENTURA FL</b>	
TITLE NAME	<b>VSD VARGAS, JORGE E</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>18125 BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>AVENTURA FL</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8100 BYRON AVE #310</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8100 BYRON AVE #310</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **(LUIS M. VARGAS)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/02** **305-865-6592**

Date Daytime Phone #

CFR2E034 (9/01)