

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067054

1. Entity Name

TAI'S BAKERY INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90096 005 ***150.00

Principal Place of Business

C/O 10729 SW 104TH ST
MIAMI FL 33176
US

Mailing Address

C/O 10729 SW 104TH ST
MIAMI FL 33176
US

2. Principal Place of Business

1701 N.W. 7TH STREET
Suite, Apt. #, etc.

3. Mailing Address

1701 N.W. 7TH STREET
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33136

Country

DADE

Zip

33136

Country

DADE

4. FEI Number

65-0692160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHUE, GARY T
C/O 10729 SW 104TH ST
MIAMI FL 33176

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	<input type="checkbox"/> Delete
D	CHANG, COLIN	10729 SW 104TH ST	MIAMI FL 33176	<input type="checkbox"/>
D	SHUE, GARY T	C/O 10729 SW 104TH ST	MIAMI FL 33176	<input type="checkbox"/>
D	CHIN, GARY	10729 SW 104TH ST	MIAMI FL 33176	<input type="checkbox"/>
D	CHUNG, WARREN	10729 SW 104TH ST	MIAMI FL 33176	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/2000 305 324-9955

CR2E034 (500)