

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000067054**

1. Entity Name

TAI'S BAKERY INC

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90493 017 ***150.00

Principal Place of Business

Mailing Address

1701 NW 7TH AVE
MIAMI FL 33136

1701 NW 7TH AVE
MIAMI FL 33136

2. Principal Place of Business

1615 NW 183RD ST

3. Mailing Address

1701 NW 7TH AVE

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0691260

Applied For

Not Applicable

Zip

33109

Country

USA

Zip

33136

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TIE SING, GARY
1701 NW 7TH AVENUE
MIAMI, FL 33136

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!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

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	DIRECTOR	<input type="checkbox"/> Delete
NAME	TIE SING, GARY	
STREET ADDRESS	1701 NW 7TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CHAI, GARY	
STREET ADDRESS	1701 NW 7TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CHUNG, WARREN	
STREET ADDRESS	1701 NW 7TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CHANG, COLIN	
STREET ADDRESS	1701 NW 7TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for an 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

4/27/01

(305) 324-9955

CR2E034 (11/00)