

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000091536 (8)

1. Entity Name

LA ESPIGA DE ORO BAKERY INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90061 011 ***150.00

00048490

DO NOT WRITE IN THIS SPACE

Principal Place of Business

299 N.E. 2ND AVENUE
MIAMI FLORIDA. 33132

Mailing Address

299 N.E. 2ND AVENUE
MIAMI FLORIDA. 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0706879

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRISTOBAL HERNANDEZ
722 EAST 27 STREET
HIALEAH FLORIDA 33013

Name

MARISELA LOPEZ

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

13210 S.W. 50TH STREET

City

MIAMI FLORIDA

FL

Zip Code

33175

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

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>NAME: HERNANDEZ CRISTOBAL <input type="checkbox"/> Delete</p> <p>ADDRESS: 722 EAST 27 STREET</p> <p>ST-ZIP: HIALEAH FLORIDA. 33013</p>	<p>TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>NAME: ANTONIO O. RABAZA</p> <p>STREET ADDRESS: 13210 S.W. 50 TH STREET</p> <p>CITY-ST-ZIP: MIAMI FLORIDA, 33175</p>
<p>NAME: <input type="checkbox"/> Delete</p> <p>ADDRESS: <input type="checkbox"/> Delete</p> <p>ST-ZIP: <input type="checkbox"/> Delete</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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 #