

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90514 023 ***150.00

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DOCUMENT # P97000017261

1. Entity Name
BELLE BAKING COMPANY, INC.



Principal Place of Business
2480 WEST 82ND STREET UNIT 5
HIALEAH FL 33016

Mailing Address
2480 WEST 82ND STREET UNIT 5
HIALEAH FL 33016

90108428



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0732564**

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

ARTHUR LIPNER
2480 W 82ND ST #5
HIALEAH FL 33016

Name **Arthur Lipner**
Street Address (P.O. Box Number is Not Acceptable)

2125 N.E. 198th Terr.

City **Miami FL** Zip Code **33138**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **1/24/03**
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LIPNER, ARTHUR**
STREET ADDRESS **820 NE 73RD STREET**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **PD** ☒ Change ☐ Addition
NAME **Lipner Arthur**
STREET ADDRESS **2125 N.E. 198th Terr.**
CITY-ST-ZIP **Miami FL 33138**

TITLE **STD** ☐ Delete
NAME **ATKIND, LEON**
STREET ADDRESS **2200 S. OCEAN DRIVE #2110**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE **Vice Pres.** ☐ Delete
NAME **Albert Reopel,**
STREET ADDRESS **661 N. University Dr. Ste. 104**
CITY-ST-ZIP **Pembroke Pines FL, 33024**

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

TITLE ☐ Delete
NAME **Reopel, Albert**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

1/24/03 305-826-0366
Date Daytime Phone #

CR2E034 10/02