## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P97000036747 Apr 21, 2000 8:00 am Secretary of State LE ROYAL BAKERY, INC. 04-21-2000 90156 038 \*\*\*150.00 Mailing Address Principal Place of Business 941 WASHINGTON AVENUE 941 WASHINGTON AVENUE MIAMI BEACH FL 33139-5015 MIAMI BEACH FL 33139 ՝ՈՈնՕն ՀՐԻ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0749323 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VIVIES, PATRICK Street Address (P.O. Box Number is Not Acceptable) 700 E. DANIA BEACH BLVD., #202 DANIA FL 33004 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE VEDEL, PASCAL NAME STREET ADDRESS 5545 COLLINS AVENUE, #1201 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP MIAMI BEACH FL 33312 🔀 Change ☐ Addition ☐ Delete TITLE TITLE VEDEL, DIDIER NAME 5545 COLLINS AVENUE, #1201 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 angloress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

14/00 (30) 535 2999

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