



2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90011 025 ***150.00

C0071426

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000036747			
1. Entity Name LE ROYAL BAKERY, INC.			
Principal Place of Business 941 Washington Ave Miami Beach, FL. 33139		Mailing Address 941 Washington Ave Miami Beach, FL. 33139	
2. Principal Place of Business 7370 SW 57th Ave		3. Mailing Address 7370 SW 57th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State South Miami, FL.		City & State South Miami, FL.	
Zip 33143	Country Dade	Zip 33143	Country Dade
4. FEI Number 65-0749323		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent Patrick Vivies 700 E. Dania Beach Blvd # 202 Dania, FL. 33004		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
			
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vedel, Pascal 7370 SW 57th Ave South Miami, FL. 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vedel, Didier 7370 SW 57th Ave South Miami, FL. 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		06/12/01 (305) 665.6631	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

CR2E083 (11/00)