2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # P97000037678 Mar 02, 2000 8:00 am Secretary of State MARJORIE BAKERY, INC. 03-02-2000 90090 037 ***150.00 Principal Place of Business Mailing Address TO NW 7TH AVE 2822 NW 7TH AVE FL 33127 MIAMI FL 33127-3807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0753270 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7:=Name and Address of New Registered Agent HERNANDEZ, EDWIN F Street Address (P.O. Box Number is Not Acceptable) 2822 NW 7TH AVE **MIAMI FL 33127** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550,00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME HERNANDEZ, MARLON NAME 9451 S.W. 31 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE PD-VD. 🛴 . addition NAME HERNANDEZ, EDWIN F Hernandez Edwin F. 2822 NW 7th Ane. NAME STREET ADDRESS 2822 NW 7TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 minmo 6-33127 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition OCHOA, REYNA M NAME TREET ADDRESS 2822 NW 7TH AVE STREET ADDRESS TY-ST-ZIP MIAMI FL 33127 CITY-ST-ZIP ITLE ☐ Delete Change ☐ Addition AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition AME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ME ☐ Addition NAME REET ADDRESS STREET ADDRESS TY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the received or trustee emperiors. ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this eport as required by Chapter 607. Florida Statutes, and that