

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91181 005 ***150.00

DOCUMENT # P 9700041002
1. Entity Name *TRINIDADIAN + JAMAICAN BAKERY INC.*
P.O.

Principal Place of Business *395 Mallard Rd*
Weston FL 33327.
Mailing Address *P.O. Box 267933*
WESTON
FLORIDA 33326

2. Principal Place of Business *395 Mallard Rd*
3. Mailing Address
 Suite, Apt. # etc. Suite, Apt. #, etc.

City & State *Weston FL.*
Zip *33327.* **Country** *Broward.*

4. FEI Number *650752642*
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

00069896

6. Name and Address of Current Registered Agent
EDWIN L. CRAMMER, PA.
C PA.
7481. W. OAKLAND PARK Blvd.
102.
LAUDER HILL FL 33319

7. Name and Address of New Registered Agent
 Name *N/A*
 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 _____ (NOTE: registered Agent signature required when reinstating) **DATE** _____

- 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒ **FILE NOW!!! After MAY 1, 2001 Make Check Payable** **FEE IS \$150.00 Fee will be \$550.00 to Department of State**
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ronald A. Fletcher Sr.</i> <input type="checkbox"/> Delete <i>395 Mallard Road</i> <i>Weston FL 33327</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LVE Fletcher</i> <input type="checkbox"/> Delete <i>395 Mallard Rd</i> <i>Weston FL 33327</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE *Ronald A. Fletcher Sr.* **3/29/01** **954 557-5042**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)