FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with

SIGNATURE:

## May 16, 2001 8:00 am Secretary of State DOCUMENT # 25 44 1. Entity Name DANUBIO BAKERY, INC. 05-16-2001 90319 001 \*\*\*300.00 Principal Place of Business Mailing Address 12855 SW 136TH AVE. SUITE 2 206 12855 SW 136TH AVE. SUITE 🎾 /0 💪 72383 MIAMI FL 33186 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-082466 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARTHOLE, PAUL A Street Address (P.O. Box Number is Not Acceptable) 12855 SW 136TH AVE, SUITE # 10 6 **MIAMI FL 33186** 10 G City Zip Code of changing its registered office or registered agent, or both, in the State of Florida. hits this statement for the purpo SIGNATUE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Fax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11.5 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE Delete TITLE KERESE, ANDRES 12855 SW BLAVENUE, STE. NAME NAME STREET ADDRESS STREËT ADDRES CITY-ST-ZIP CITY-ST-ZIF 32 186 MIAMI, FL TITLE ☐ Detete TITLE NAME 176 AVENUE, STE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change 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 employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

all other like empowere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-378-6608