FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91409 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049890

1. Entity Name
BAKEWELL, INC.

44003920

[redacted]

Principal Place of Business	Mailing Address
8126 LESIA CIRCLE ORLANDO, FL 32835	8126 LESIA CIRCLE ORLANDO, FL 32835

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9320 LAKE FISHER BLVD	9320 LAKE FISCHER BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GOTHA, FL	City & State: ORLANDO - FL
Zip: ~~32~~ 34734 Country: USA	Zip: 34734 Country: USA

4. FEI Number: 59-3471668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NASIR, NAEEM 8126 LESIA CIRCLE ORLANDO, FL 32835	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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NASIR, NAEEM 8126 LESIA CIRCLE ORLANDO, FL 32835	☐ Delete	9320 LAKE FISCHER BLVD GOTHA, FL- 34734	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NASIR, ANNETTA 8126 LESIA CIRCLE ORLANDO, FL 32835	☐ Delete	9320 - LAKE FISCHER BLVD GOTHA, FL- 34734	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/4/03 407-292-4179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

5/5/2003-91409-003-$150.00-$150.00

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8126 LESIA CIRCLE ORLANDO, FL 32835	8126 LESIA CIRCLE ORLANDO, FL 32835

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9320 Lake Fischer Blvd	9320 Lake Fischer Blvd
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Gotha	City & State: Gotha
Zip: 34734 Country:	Zip: 34734 Country:

4. FEI Number: 59-3471668 ☐ Applied For ☐ Not Applicable

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

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NASIR, NAEEM 8126 LESIA CIRCLE ORLANDO, FL 32835	Name: Street Address (P.O. Box Number Is Not Acceptable): 9320 Lake Fischer Blvd City: Gotha FL Zip Code: 34734

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TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	NASIR, NAEEM	NAME	
STREET ADDRESS	8126 LESIA CIRCLE	STREET ADDRESS	9320 Lake Fischer Blvd
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	Gotha, 34734
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	NASIR, ANNETTA	NAME	
STREET ADDRESS	8126 LESIA CIRCLE	STREET ADDRESS	9320 Lake Fischer Blvd
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	Gotha, 34734
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: Sunita Persaud May 1/03 407-292-4179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #