

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90113 001 \*\*\*158.75

**DOCUMENT # P97000064959**

1. Entity Name

**AMPY BAKERY CORP.**

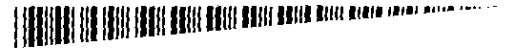
Principal Place of Business

Mailing Address

4665 N.W. 199TH STREET  
 CAROL CITY FL 33055

4665 N.W. 199TH STREET  
 CAROL CITY FL 33055-1508

**C0038300**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1311 S.W. 93 COURT**

3. Mailing Address

**1311 S.W. 93 COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0778570**

Applied For

Not Applied

Zip

**33174-3007**

Country

**USA**

Zip

**33174-3007**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, AMPARO B**  
**4665 N.W. 199TH STREET**  
**CAROL CITY FL 33055**

7. Name and Address of New Registered Agent

Name

**GARCIA, AMPARO B.**

Street Address (P.O. Box Number is Not Acceptable)

**1311 S.W. 93 COURT**

City

**MIAMI**

FL

Zip Code

**33174**

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

*Amparo B. Garcia*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

**3/7/00**

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>DIAZ, ARMANDO</b>	
STREET ADDRESS	<b>1151 WEST 28TH STREET APT #2</b>	
CITY-ST-ZIP	<b>HALEAH FL 33010</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>DIAZ, ELISA B</b>	
STREET ADDRESS	<b>9250 S.W. 149TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33196</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>GARCIA, AMPARO B</b>	
STREET ADDRESS	<b>1311 S W 93TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>DIAZ, ELISA B</b>	
STREET ADDRESS	<b>9250 SW 149TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33196</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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: *Amparo B. Garcia* **AMPARO B. GARCIA** **3/7/00** **(305) 2207472**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #