

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064959

1. Entity Name

Ampy Bakery Corp.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90659 049 ***150.00

Principal Place of Business
4665 NW 199 Street
Carol City, FL 33055

Mailing Address
4665 NW 199 Street
Carol City, FL 33055

2. Principal Place of Business
1311 SW 93 CT
Suite, Apt. #, etc.

3. Mailing Address
1311 SW 93 CT
Suite, Apt. #, etc.

City & State
Miami, Florida
Zip 33174 Country USA

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Miami, Florida
Zip 33174 Country USA

4. FEI Number 65-0778570
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Garcia, Amparo
4665 NW 199 Street
Carol City, FL 33055

7. Name and Address of New Registered Agent

Name Garcia, Amparo
Street Address (P.O. Box Number is Not Acceptable)
1311 SW 93 CT
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 reinstating)

DATE

3/19/01

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Garcia, Amparo	1311 SW 93 CT	Miami, FL 33174	<input type="checkbox"/>
Vice-President	Diaz, Elson B	9250 SW 149 CT	Miami, FL 33196	<input checked="" type="checkbox"/>
Secretary	Diaz, Armando	1151 West 28 St #2	Miami, FL 331010	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Amparo B. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

(305) 220-7472

Daytime Phone #