

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010331

1. Entity Name

BREADS UNLIMITED INC.

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

05-15-2000 90147 009 \*\*\*158.75

Principal Place of Business

11000 NW 32ND AVENUE  
MIAMI FL 33167

Mailing Address

11000 NW 32ND AVENUE  
MIAMI FL 33167-3704

2. Principal Place of Business

LANDYARD 22560

3. Mailing Address

LANDYARD 22560

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

4. FEI Number

65-0810213

Applied For

Not Applicable

Zip  
33428

Country

Zip  
33428

Country

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

SALAMA, ALBERTO M  
11000 N.W. 32ND AVENUE  
MIAMI FL 33167

Name

HUGO GOICOECHEA

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

LANDYARD 22560

City

BOCA RATON, FLORIDA

FL

Zip Code

33428

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

HUGO GOICOECHEA PRESIDENT

4/26/00

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

(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!!! 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SALAMA, ALBERTO M  
11000 NW 32ND AVENUE  
MIAMI FL 33167 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HUGO GOICOECHEA  
LANDYARD 22560  
BOCA RATON, FL. 33428 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGO GOICOECHEA PRESIDENT

4/26/00

Date

Daytime Phone #

CR2E034 (9/99)