

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042850

1. Entity Name

L'EXCELLENCE BAKERY, INC.

R

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90011 038 ***150.00

Principal Place of Business

6180 S.W. 8 STREET
MIAMI FL 33134
US

Mailing Address

6180 S.W. 8 STREET
MIAMI FL 33134
US

2. Principal Place of Business

6180 SW 8 ST
Suite, Apt. #, etc.

3. Mailing Address

6180 SW 8 ST
Suite, Apt. #, etc.

City & State

Miami, FLA

City & State

Miami, FLA

4. FEI Number

65-0839379

Applied For

Not Applicable

Zip

33144

Country

EUA

Zip

33144

Country

EUA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, REYNOLD
6180 S.W. 8 STREET
MIAMI FL 33144

7. Name and Address of New Registered Agent

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.

SIGNATURE

Reynold Stewart

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	STEWART, REYNOLD	
STREET ADDRESS	6180 S.W. 8 STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREIRA, MAYTE	
STREET ADDRESS	6180 S.W. 8 STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Reynold Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/2000 (305) 2697000

Date

Daytime Phone #

CR2E034 (5/00)