

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042850

1. Entity Name

L'EXCELLENCE BAKERY, INC.

Principal Place of Business

6180 S.W. 8 STREET
MIAMI FL 33144
US

Mailing Address

6180 S.W. 8 STREET
MIAMI FL 33144
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

Zip

33144

Country

USA

City & State

Miami, Fla

Zip

33144

Country

USA

4. FEI Number

65-0839379

Applied For

Not Applicable

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 certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, type, name of registered agent, and date 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, 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 **D** ☒ Delete
NAME **STEWART, REYNOLD**
STREET ADDRESS **6180 S.W. 8 STREET**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D** ☒ Delete
NAME **PEREIRA, MAYTE**
STREET ADDRESS **6180 S.W. 8 STREET**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

13. I hereby certify that the information indicated on this report or supplement of the corporation or the record 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, authorized 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.

SIGNATURE:

SIGNATURE

PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90299 014 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)